

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF OHIO
EASTERN DIVISION

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IN RE: NATIONAL PRESCRIPTION MDL No. 2804  
OPIATE LITIGATION

Case No.  
17-md-2804

Judge Dan Aaron  
Polster

This document relates to:

The County of Summit, Ohio, et al. v. Purdue  
Pharma L.P., et al., Case No. 18-OP-45090

The County of Cuyahoga v. Purdue Pharma  
L.P., et al., Case No. 18-OP-45090  
City of Cleveland, Ohio v. Purdue Pharma  
L.P., et al., Case No. 18-OP-45132

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Videotaped Deposition of
CHRISTOPHER M. KIPPES

January 18, 2019
1:06 p.m.

Taken at:

Napoli Shkolnik PLLC
55 Public Square, Suite 2100
Cleveland, Ohio 44113

Stephen J. DeBacco, RPR

<p style="text-align: right;">Page 2</p> <p>1 APPEARANCES:</p> <p>2</p> <p>3 On behalf of the Plaintiffs:</p> <p>4 Kelley & Ferraro, by</p> <p>5 MATT McMONAGLE, ESQ.</p> <p>6 MARTY MASON, ESQ.</p> <p>7 950 Main Avenue, Suite 1300</p> <p>8 Cleveland, Ohio</p> <p>9 (216) 367-1979</p> <p>10 mmcmonagle@kelley-ferraro.com</p> <p>11 (216) 298-6962</p> <p>12 mmason@kelley-ferraro.com</p> <p>13</p> <p>14 On behalf of Cardinal Health:</p> <p>15 Williams & Connolly LLP, by</p> <p>16 MONIKA ISIA JASIEWICZ, ESQ.</p> <p>17 725 12th Street Northwest</p> <p>18 Washington, D.C. 20005</p> <p>19 (202) 434-5139</p> <p>20 ijasiewicz@wc.com</p> <p>21</p> <p>22 On behalf of Cephalon, Inc.; Teva</p> <p>23 Pharmaceuticals USA, Inc.; Actavis, LLC;</p> <p>24 Actavis Pharma, Inc. f/k/a Watson Pharma,</p> <p>25 Inc.; and Watson Laboratories, Inc.:</p> <p>Morgan, Lewis & Bockius LLP, by</p> <p>WENDY WEST FEINSTEIN, ESQ.</p> <p>One Oxford Centre, 32nd Floor</p> <p>Pittsburgh, Pennsylvania 15219-6401</p> <p>(412) 560-7455</p> <p>wendy.feinstein@morganlewis.com</p> <p>~~~~~</p>	<p style="text-align: right;">Page 4</p> <p>1 APPEARANCES, Continued:</p> <p>2</p> <p>3 On behalf of McKesson Corporation, via</p> <p>4 teleconference:</p> <p>5 Covington & Burling LLP, by</p> <p>6 MICHAEL J. LANOSA, ESQ.</p> <p>7 1999 Avenue of the Stars</p> <p>8 Los Angeles, California 90067-4643</p> <p>9 (424) 332-4780</p> <p>10 mlanosa@cov.com</p> <p>11</p> <p>12 On behalf of AmerisourceBergen Drug</p> <p>13 Corporation, via teleconference:</p> <p>14</p> <p>15 Reed Smith, LLP, by</p> <p>16 MICHAEL J. SALIMBENE, ESQ.</p> <p>17 Three Logan Square</p> <p>18 1717 Arch Street, Suite 3100</p> <p>19 Philadelphia, Pennsylvania 19103</p> <p>20 (215) 241-7910</p> <p>21 msalimbene@reedsmith.com</p> <p>22</p> <p>23 On behalf Endo Health Solutions, Inc.,</p> <p>24 and Endo Pharmaceuticals, Inc., and Par</p> <p>25 Pharmaceuticals, via teleconference:</p> <p>Arnold & Porter, by</p> <p>KAREN RIGBERG, ESQ.</p> <p>44th Floor</p> <p>777 South Figueroa Street</p> <p>Los Angeles, California 90017-5844</p> <p>(213) 243-4006</p> <p>karen.rigberg@arnoldporter.com</p> <p>~~~~~</p> <p>ALSO PRESENT:</p> <p>Peter Graves, Legal Videographer</p> <p>~~~~~</p>
<p style="text-align: right;">Page 3</p> <p>1 APPEARANCES, Continued:</p> <p>2</p> <p>3 On behalf of Walmart, Inc.:</p> <p>4 Jones Day, by</p> <p>5 BRANDY H. RANJAN, ESQ.</p> <p>6 325 John H. McConnell Boulevard</p> <p>7 Suite 600</p> <p>8 Columbus, Ohio 43216-5017</p> <p>9 (614) 469-3939</p> <p>10 branjana@jonesday.com</p> <p>11</p> <p>12 On behalf of Johnson & Johnson and</p> <p>13 Janssen Pharmaceuticals, Inc.:</p> <p>14</p> <p>15 Tucker Ellis, LLP, by</p> <p>16 ERICA M. JAMES, ESQ.</p> <p>17 950 North Main Avenue, Suite 1100</p> <p>18 Cleveland, Ohio 44113</p> <p>19 (216) 696-4661</p> <p>20 erica.james@tuckerellis.com</p> <p>21</p> <p>22 On behalf of Cephalon, Inc.; Teva</p> <p>23 Pharmaceuticals USA, Inc.; Actavis, LLC;</p> <p>24 Actavis Pharma, Inc. f/k/a Watson Pharma,</p> <p>25 Inc.; and Watson Laboratories, Inc., via</p> <p>teleconference:</p> <p>Morgan, Lewis & Bockius LLP, by</p> <p>PAMELA HOLLY, ESQ.</p> <p>101 Park Avenue</p> <p>New York, New York 10178-0060</p> <p>(212) 309-6864</p> <p>pamela.holly@morganlewis.com</p> <p>~~~~~</p>	<p style="text-align: right;">Page 5</p> <p>1 TRANSCRIPT INDEX</p> <p>2</p> <p>3 APPEARANCES..... 2</p> <p>4</p> <p>5 INDEX OF EXHIBITS 6</p> <p>6</p> <p>7 EXAMINATION OF CHRISTOPHER M. KIPPES</p> <p>8 By Ms. Jasiewicz..... 12</p> <p>9 By Ms. Feinstein..... 189</p> <p>10 By Ms. Ranjan..... 205</p> <p>11</p> <p>12 REPORTER'S CERTIFICATE..... 221</p> <p>13</p> <p>14 EXHIBIT CUSTODY</p> <p>15 EXHIBITS RETAINED BY THE COURT REPORTER</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>

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<p style="text-align: right;">Page 10</p> <p>1 THE VIDEOGRAPHER: We're going on 2 the record at 1:06 p.m. Today is January 18, 3 2019.</p> <p>4 Please note that the microphones 5 are sensitive and may pick up whispering, 6 private conversations, and cellular 7 interference. Please turn off all cell phones 8 or place them away from the microphones as they 9 can interfere with the deposition audio.</p> <p>10 Audio and video recording will 11 continue to take place unless all parties agree 12 to go off the record.</p> <p>13 This is Media Unit 1 of the 14 video-recorded deposition of Christopher Kippes 15 In Re: National Prescription Opiate 16 Litigation, filed in the United States District 17 Court, Northern District of Ohio, Eastern 18 Division, Case Number MDL No. 2804, Case Number 19 17-md-2804.</p> <p>20 This deposition is being held at 21 Napoli Shkolnik. The address is 55 Public 22 Square, Suite 2100, Cleveland, Ohio.</p> <p>23 My name is Peter Graves from the 24 firm Veritext Legal Solutions. I am the 25 videographer. The court reporter today is</p>	<p style="text-align: right;">Page 12</p> <p>1 MR. MASON: Marty Mason on behalf 2 of the Plaintiff, also on behalf of Napoli 3 Shkolnik.</p> <p>4 THE WITNESS: Chris Kippes with the 5 Cuyahoga County Board of Health.</p> <p>6 MS. JASIEWICZ: And who do we have 7 on the phone?</p> <p>8 MS. HOLLY: Pam Holly, Morgan 9 Lewis, on behalf of the Teva Defendants.</p> <p>10 MR. LANOSA: This is Michael Lanosa 11 from Covington & Burling on behalf of McKesson.</p> <p>12 MR. SALIMBENE: Hey, Mike 13 Salimbene -- Michael Salimbene on behalf of 14 AmerisourceBergen, and I am with Reed Smith.</p> <p>15 MS. RIGBERG: Hi. Karen Rigberg 16 with Arnold & Porter on behalf of the Endo and 17 Par Defendants.</p> <p>18 THE VIDEOGRAPHER: Would the court 19 reporter please swear in the witness.</p> <p>20 CHRISTOPHER M. KIPPES, of lawful 21 age, called for examination as provided by the 22 Federal Rules of Civil Procedure, being by me 23 first duly sworn, as hereinafter certified, 24 depose and said as follows: 25 EXAMINATION OF CHRISTOPHER M. KIPPES</p>
<p style="text-align: right;">Page 11</p> <p>1 Stephen DeBacco.</p> <p>2 I am not related to any party of 3 this action, nor am I financially interested in 4 the outcome.</p> <p>5 Counsel and all present in the room 6 and everyone attending remotely will now state 7 their appearances and affiliations for the 8 record.</p> <p>9 If there are any objections to 10 proceeding, please state them at the time of 11 your appearance, beginning with the noticing 12 attorney.</p> <p>13 MS. JASIEWICZ: Isia Jasiewicz of 14 Williams & Connolly on behalf of Cardinal 15 Health.</p> <p>16 MS. FEINSTEIN: Wendy West 17 Feinstein with Morgan Lewis on behalf of the 18 Teva Defendants.</p> <p>19 MS. RANJAN: Brandy Ranjan from 20 Jones Day on behalf of Walmart.</p> <p>21 MS. JAMES: Erica James, Tucker 22 Ellis, on behalf of Janssen Pharmaceuticals and 23 Johnson & Johnson.</p> <p>24 MR. McMONAGLE: Matt McMonagle for 25 the Plaintiff, and for Napoli Shkolnik.</p>	<p style="text-align: right;">Page 13</p> <p>1 BY MS. JASIEWICZ:</p> <p>2 Q. Good afternoon, Mr. Kippes. 3 Would you please state your name 4 for the record?</p> <p>5 A. Sure. Christopher M. Kippes.</p> <p>6 Q. And how is your last name spelled? 7 A. K-i-p-p-e-s.</p> <p>8 Q. Where do you live? 9 A. I live at 9548 Taberna Lane in 10 Olmsted Township, Ohio.</p> <p>11 Q. And how long have you lived there? 12 A. I have lived there 14 1/2 years.</p> <p>13 Q. Have you ever been deposed before? 14 A. No. This is my first time.</p> <p>15 Q. So we'll go over a couple of ground 16 rules for deposition just so that you're aware. 17 So the first is to please make sure 18 that you respond audibly so that the court 19 reporter, who's taking everything down, gets 20 everything that you say.</p> <p>21 So in particular, if I ask you a 22 yes-or-no question, please respond "yes" or 23 "no" rather than just nodding or shaking your 24 head, or even saying "uh-huh." 25 Is that okay?</p>

<p style="text-align: right;">Page 14</p> <p>1 A. Yes, it is.</p> <p>2 Q. Do you understand that you are</p> <p>3 under oath?</p> <p>4 A. Yes, I do.</p> <p>5 Q. You understand that means you</p> <p>6 should tell the truth, the whole truth, nothing</p> <p>7 but the truth?</p> <p>8 A. Yes, I do.</p> <p>9 Q. One other thing on responding, the</p> <p>10 tone might get conversational as we go on. We</p> <p>11 just need to be careful not to talk over each</p> <p>12 other, since the court reporter is taking down</p> <p>13 everything we say. So I'll do my best not to</p> <p>14 talk over you if you do your best not to talk</p> <p>15 over me, and just wait until my question is</p> <p>16 over before you answer.</p> <p>17 Is that okay?</p> <p>18 A. Yes, it is.</p> <p>19 Q. Thanks.</p> <p>20 I understand that you are the</p> <p>21 director of epidemiology, surveillance, and</p> <p>22 informatics at the Cuyahoga County Board of</p> <p>23 Health; did I get that right?</p> <p>24 A. Yes, you did.</p> <p>25 Q. And is it okay if I abbreviate</p>	<p style="text-align: right;">Page 16</p> <p>1 a part-time instructor for Baldwin-Wallace</p> <p>2 University.</p> <p>3 (Telephonic interruption.)</p> <p>4 MS. JASIEWICZ: I'm sorry. Could</p> <p>5 whoever's on the phone please mute your lines.</p> <p>6 We're getting some background noise.</p> <p>7 Thank you.</p> <p>8 Q. Please continue.</p> <p>9 A. I'm a part-time instructor for Case</p> <p>10 Western Reserve University, and I recently</p> <p>11 stopped being a part-time instructor for</p> <p>12 Youngstown State University.</p> <p>13 Q. So in your capacity as a part-time</p> <p>14 instructor at Case Western Reserve University,</p> <p>15 are you an employee of Case Western Reserve?</p> <p>16 A. Yes. It -- all three of those</p> <p>17 part-time employment opportunities are</p> <p>18 individual contracts with me, as opposed</p> <p>19 through the Cuyahoga County Board of Health.</p> <p>20 Q. Okay. So you're an independent</p> <p>21 contractor; is that right?</p> <p>22 A. That is correct.</p> <p>23 Q. And what do you teach as a</p> <p>24 part-time instructor?</p> <p>25 A. An introductory epidemiology</p>
<p style="text-align: right;">Page 15</p> <p>1 epidemiology, surveillance, and informatics as</p> <p>2 ESI?</p> <p>3 A. That is fine.</p> <p>4 Q. How long have you been the director</p> <p>5 of ESI at the Cuyahoga County Board of Health?</p> <p>6 A. Since approximately 2004.</p> <p>7 Q. And what position did you</p> <p>8 previously hold?</p> <p>9 A. I previously held the position of</p> <p>10 what -- our position structure at that time was</p> <p>11 called researcher II/program manager, and that</p> <p>12 was -- I joined the health department in April,</p> <p>13 2000.</p> <p>14 Q. And when you were a researcher, was</p> <p>15 that also in the ESI division?</p> <p>16 A. At that time, the structure was</p> <p>17 different from what it is right now. I worked</p> <p>18 inside of what we called the community health</p> <p>19 department.</p> <p>20 Q. Aside from your work at the</p> <p>21 Cuyahoga County Board of Health, do you</p> <p>22 currently have any other employment?</p> <p>23 A. Yes, I do.</p> <p>24 Q. What is that employment?</p> <p>25 A. I am a part-time instructor. I am</p>	<p style="text-align: right;">Page 17</p> <p>1 course.</p> <p>2 Q. And again, just focusing on Case</p> <p>3 Western Reserve, whom do you teach?</p> <p>4 A. At Case Western I teach for the</p> <p>5 graduate program, the master's of public health</p> <p>6 program. So they are a wide range of students</p> <p>7 with different backgrounds, because the program</p> <p>8 offers dual-degree programming. And so I have</p> <p>9 a wide range of different types of students,</p> <p>10 and then undergraduates can petition to sit in</p> <p>11 on the course at times as well.</p> <p>12 Q. Okay. So your course is part of</p> <p>13 the MPH program, but there might be some</p> <p>14 undergraduates in the course as well; is that</p> <p>15 right?</p> <p>16 A. That is correct.</p> <p>17 Q. And then remind me what the other</p> <p>18 two institutions that you mentioned were.</p> <p>19 A. So Baldwin-Wallace University, and</p> <p>20 I teach an intro epi course there, and that is</p> <p>21 part of their undergraduate public health</p> <p>22 program.</p> <p>23 Q. Okay. And then I think the last</p> <p>24 you mentioned, you said you recently stopped</p> <p>25 working as a part-time instructor at</p>

<p style="text-align: right;">Page 18</p> <p>1 Youngstown?</p> <p>2 A. That's correct.</p> <p>3 Q. And what did you teach there?</p> <p>4 A. I taught an introductory</p> <p>5 epidemiology course for their Allied Health</p> <p>6 program.</p> <p>7 Q. Is that a graduate-level program or</p> <p>8 an undergraduate-level program?</p> <p>9 A. Most of the students were</p> <p>10 undergraduates. There were an occasional</p> <p>11 graduate student, or a handful of them, who</p> <p>12 were able to take the course for graduate</p> <p>13 credit, but I had to give them additional work</p> <p>14 to allow them to qualify for that graduate</p> <p>15 credit.</p> <p>16 Q. Could you please tell me briefly</p> <p>17 about your educational background?</p> <p>18 A. Sure. I graduated from Maple</p> <p>19 Heights High School, did my undergraduate work</p> <p>20 at Bowling Green State University, and did my</p> <p>21 graduate work at Case Western Reserve</p> <p>22 University.</p> <p>23 Q. What was your undergraduate degree</p> <p>24 in?</p> <p>25 A. My major was biology, with minors</p>	<p style="text-align: right;">Page 20</p> <p>1 A. That is correct. Accor- --</p> <p>2 according to Ohio law, individual cities can</p> <p>3 have their own health departments. The</p> <p>4 villages and the townships are required to have</p> <p>5 the district -- general health district, which</p> <p>6 is us, but then, you know, munici- --</p> <p>7 municipalities can choose to have their own</p> <p>8 health departments.</p> <p>9 So currently in Cuyahoga County</p> <p>10 there are two health departments. The City of</p> <p>11 Cleveland has their own health department, and</p> <p>12 then we are the health department for the</p> <p>13 remaining communities in Cuyahoga County.</p> <p>14 Q. And does the Cuyahoga County Board</p> <p>15 of Health interact with the Cleveland Health</p> <p>16 Department?</p> <p>17 A. Yes, we do.</p> <p>18 Q. How does it interact with the</p> <p>19 Cleveland Health Department?</p> <p>20 A. There are several ways in which our</p> <p>21 health department interacts with Cleveland.</p> <p>22 One of those ways is through emergency</p> <p>23 preparedness activities. We do that with</p> <p>24 Cleveland, as well as surrounding counties.</p> <p>25 We interact with them on joint</p>
<p style="text-align: right;">Page 19</p> <p>1 in chemistry and math.</p> <p>2 Q. And what about your graduate</p> <p>3 degree?</p> <p>4 A. My graduate degree was a master's</p> <p>5 of science in epidemiology.</p> <p>6 Q. And focusing on your role as</p> <p>7 director of ESI at Cuyahoga County Board of</p> <p>8 Health, I'd like to ask some questions just</p> <p>9 about the Board of Health itself.</p> <p>10 What is the Cuyahoga County Board</p> <p>11 of Health?</p> <p>12 A. The Cuyahoga County Board of Health</p> <p>13 is the local district health department for</p> <p>14 the -- the county. So the general health</p> <p>15 district is who all of the communities would</p> <p>16 have as their health department if the</p> <p>17 individual cities didn't have their own health</p> <p>18 department.</p> <p>19 Q. So let me make sure that I'm</p> <p>20 understanding that. The Cuyahoga County Board</p> <p>21 of Health is the health department for</p> <p>22 communities within Cuyahoga County, right? And</p> <p>23 then cities within Cuyahoga County might have</p> <p>24 their own public health departments; is that</p> <p>25 right?</p>	<p style="text-align: right;">Page 21</p> <p>1 outbreak investigations.</p> <p>2 We interact with Cleveland because</p> <p>3 our agency serves as central reporting for many</p> <p>4 of the communicable diseases.</p> <p>5 We interact with our Cleveland</p> <p>6 partners on other programmatic areas, and --</p> <p>7 and the list is fairly long. We do a lot of</p> <p>8 support and programming for each other.</p> <p>9 Examples of that would be, like, childhood lead</p> <p>10 poisoning, just as an example.</p> <p>11 Q. So setting aside the Cleveland</p> <p>12 Board of Health, does Cuyahoga County have any</p> <p>13 other health department aside from the Cuyahoga</p> <p>14 County Board of Health?</p> <p>15 A. Currently?</p> <p>16 Q. Right.</p> <p>17 A. No.</p> <p>18 Q. Are there any other government</p> <p>19 agencies in Cuyahoga County that deal with</p> <p>20 public health issues?</p> <p>21 A. Yes.</p> <p>22 Q. What are those agencies?</p> <p>23 A. There are -- there are several. So</p> <p>24 if I'm understanding your question correctly,</p> <p>25 what -- what we refer to as the public health</p>

<p style="text-align: right;">Page 22</p> <p>1 system includes a lot of agencies, from your 2 agencies that deal with mental health, to law 3 enforcement, to hospital, to local public 4 health such as ours, to the business community, 5 to the religious community. 6 Really, it -- there's a lot of 7 people that are involved in public health that 8 maybe people don't even appreciate or make that 9 connection. 10 Q. Does the Board of Health interact 11 on a daily basis with any other government 12 agencies? 13 A. Yes. 14 Q. What are some of those agencies? 15 A. The main county government. That's 16 on a daily basis. 17 Q. Anything else? 18 A. There are certain programs that 19 interact with other county agencies more so 20 than others. I'm not directly involved in a 21 lot of those day-to-day interactions. 22 Q. Does the Board of Health answer to 23 any other government agency? 24 A. Within Cuyahoga County or as 25 broader? Can you clarify that for me?</p>	<p style="text-align: right;">Page 24</p> <p>1 Q. Does the Board of Health answer to 2 any particular government agency at the state 3 level? 4 A. Yes, we do. 5 Q. What is that agency? 6 A. So the Ohio Department of Health is 7 one of such agencies that we would interact 8 with. 9 Q. And just to clarify, the Cuyahoga 10 County Board of Health is not a division of the 11 Ohio Department of Health; it's its own agency, 12 but it might interact with the Ohio Department 13 of Health. 14 A. The best way that I think I could 15 describe it is we get our authority delegated 16 to us from the Ohio Department of Health, so if 17 we didn't exist, they would have to take care 18 of our community residents. 19 Q. How many employees does the Board 20 of Health have, approximately? 21 A. Approximately 150. 22 Q. Does the Board of Health have a 23 health commissioner? 24 A. Yes, we do. 25 Q. Who is that?</p>
<p style="text-align: right;">Page 23</p> <p>1 Q. Yeah. Let's start within Cuyahoga 2 County. 3 A. So our agency is its own political 4 subdivision by Ohio law, but, yet, we're 5 required to have the county government as our 6 fiscal agent. So by that very structure, we 7 have to interact with the -- the county 8 government. 9 And then we provide programming as 10 well. Just for an example of that, we have a 11 newborn home visiting program, and so we 12 receive funding from the bigger county 13 government through -- to be able to conduct 14 home visits to mothers at risk who recently 15 were discharged from the hospital so we can 16 check to see how baby and mom are doing shortly 17 after discharge. So that's another example of 18 how our agency interacts with other 19 governmental entities within the county. 20 Q. Okay. So the Board of Health is 21 its own political subdivision, but it has 22 interactions that are necessary with the county 23 government and with other agencies. Is that 24 fair to say? 25 A. That is correct.</p>	<p style="text-align: right;">Page 25</p> <p>1 A. That's Terry Allan. 2 Q. And what does Terry Allan do as the 3 health commissioner? 4 A. Well, he is the head of our agency. 5 He is my direct supervisor. And he oversees 6 all of our agency programming as health 7 commissioner. 8 Q. So Terry Allan is your direct 9 supervisor. Do you have employees below you 10 who report to you? 11 A. Yes, I do. 12 Q. How many employees report to you? 13 A. I believe there are eight, but we 14 recently added a supervisor in my department, 15 and so the supervisor now took away some of my 16 direct reports. 17 Q. Does the supervisor report to you? 18 A. Yes. 19 Q. And all those employees who report 20 directly or indirectly to you, are they all 21 part of the ESI division? 22 A. Yes. 23 Q. Am I using that word, "division," 24 correctly, or would you use a different word? 25 A. We are trying to continue to use</p>

<p style="text-align: right;">Page 26</p> <p>1 the word "service area" and avoid the word</p> <p>2 "division" because of its opportunity to create</p> <p>3 silos, if you will, and we're kind of trying to</p> <p>4 show we're more connected and not independent</p> <p>5 entities. So our word that we like to use is</p> <p>6 "service area."</p> <p>7 - - - - -</p> <p>8 (Thereupon, Deposition Exhibit 1,</p> <p>9 Christopher Kippes Curriculum Vitae</p> <p>10 Revised July 2018, CUYAH_013506425</p> <p>11 to 013506429, was marked for</p> <p>12 purposes of identification.)</p> <p>13 - - - - -</p> <p>14 Q. I'm showing you what's been marked</p> <p>15 as Exhibit 1 to your deposition. This is a</p> <p>16 document bearing the Bates stamp CUYAH_013506425</p> <p>17 through 429.</p> <p>18 Mr. Kippes, do you recognize this</p> <p>19 document?</p> <p>20 A. Yes, I do.</p> <p>21 Q. What is this?</p> <p>22 A. This is my CV/resume.</p> <p>23 Q. And if you look at the upper</p> <p>24 right-hand corner, it says this was revised in</p> <p>25 July 2018; is that right?</p>	<p style="text-align: right;">Page 28</p> <p>1 as Exhibit 2 to your deposition. This is a</p> <p>2 document bearing the Bates stamp CUYAH_013506325</p> <p>3 through 337.</p> <p>4 Mr. Kippes, you mentioned that</p> <p>5 Exhibit 1 was a short version -- a shorter</p> <p>6 version of an overall CV. Is it fair to say</p> <p>7 that this is an example of a more detailed</p> <p>8 version?</p> <p>9 A. That's correct.</p> <p>10 Q. And if you look at the upper</p> <p>11 right-hand corner of this document, it says</p> <p>12 revised July 2014.</p> <p>13 A. Correct.</p> <p>14 Q. Was this information contained on</p> <p>15 here complete and accurate as of July 2014?</p> <p>16 A. To the best of my recall right now.</p> <p>17 Q. And have you -- since July 2014,</p> <p>18 have you updated this longer version of your</p> <p>19 CV?</p> <p>20 A. I don't know.</p> <p>21 Q. So is it fair to say that there</p> <p>22 might be things like guest lectures and</p> <p>23 continuing educations that have occurred since</p> <p>24 July 2014 that aren't reflected on either one</p> <p>25 of these CVs, by which I mean Exhibits 1 and 2?</p>
<p style="text-align: right;">Page 27</p> <p>1 A. That is correct.</p> <p>2 Q. Since July of 2018, has anything</p> <p>3 changed about the information contained in this</p> <p>4 resume?</p> <p>5 A. Yes.</p> <p>6 Q. What has changed?</p> <p>7 A. This document represents what I</p> <p>8 would call like a shorter version of my overall</p> <p>9 CV, and so if I was asked to provide a guest</p> <p>10 lecture or work done, a report, it may not be</p> <p>11 updated on this document.</p> <p>12 Q. So this document might not include</p> <p>13 things like guest lectures or reports, but in</p> <p>14 terms of the information that's contained here,</p> <p>15 is this information all up to date?</p> <p>16 A. Yes.</p> <p>17 Q. Thank you.</p> <p>18 - - - - -</p> <p>19 (Thereupon, Deposition Exhibit 2,</p> <p>20 Christopher Kippes Curriculum Vitae</p> <p>21 Revised July 2014, CUYAH_013506325</p> <p>22 to 013506337, was marked for</p> <p>23 purposes of identification.)</p> <p>24 - - - - -</p> <p>25 Q. I am handing you what's been marked</p>	<p style="text-align: right;">Page 29</p> <p>1 A. I think it is definitely possible</p> <p>2 that these two documents don't represent every</p> <p>3 single thing that I'm involved in, because that</p> <p>4 becomes a bit onerous -- onerous and time</p> <p>5 intensive to maintain.</p> <p>6 Q. Sure. But all the key information</p> <p>7 is there, right?</p> <p>8 A. I would say that the key</p> <p>9 information is there, to the best of my</p> <p>10 assessment at this point in time.</p> <p>11 Q. Mr. Kippes, do you have any medical</p> <p>12 training?</p> <p>13 A. Can you define what you mean by</p> <p>14 "medical training"?</p> <p>15 Q. You've never been to medical</p> <p>16 school; is that right?</p> <p>17 A. I have never been to medical</p> <p>18 school.</p> <p>19 Q. You don't have a degree in nursing;</p> <p>20 is that right?</p> <p>21 A. I do not have a degree in nursing.</p> <p>22 Q. You're not a pharmacist?</p> <p>23 A. I'm not a pharmacist.</p> <p>24 Q. Do you have any other training that</p> <p>25 you would consider to be medical training?</p>

<p style="text-align: right;">Page 30</p> <p>1 A. Yes.</p> <p>2 Q. And what training do you have in</p> <p>3 that category?</p> <p>4 A. When I went through basic training,</p> <p>5 was in the Army, they -- they taught you, you</p> <p>6 know, how to put on tourniquets and more</p> <p>7 survival-based training that I would label as</p> <p>8 more medical in nature.</p> <p>9 Q. You're not licensed to prescribe</p> <p>10 medications, are you?</p> <p>11 A. No.</p> <p>12 Q. You're not a lawyer?</p> <p>13 A. I am not a lawyer.</p> <p>14 Q. You are not an accountant?</p> <p>15 A. I'm not an accountant.</p> <p>16 Q. Now, you are an epidemiologist.</p> <p>17 Would you consider yourself a statistician?</p> <p>18 A. That's difficult for me to answer.</p> <p>19 Q. Why is that difficult for you to</p> <p>20 answer?</p> <p>21 A. Because the discipline of</p> <p>22 epidemiology draws from biostatistics, and so</p> <p>23 biostatistics is definitely foundational to the</p> <p>24 discipline of epidemiology. So depending on</p> <p>25 how you would want to define and categorize a</p>	<p style="text-align: right;">Page 32</p> <p>1 Q. When did you first learn that you</p> <p>2 were going to be deposed in this matter?</p> <p>3 A. At some point last year.</p> <p>4 Q. Last year, you mean 2018?</p> <p>5 A. Correct.</p> <p>6 Q. Can you give a ballpark of how many</p> <p>7 months ago?</p> <p>8 A. I'd say a ballpark would maybe be</p> <p>9 between the second and third quarter of 2018.</p> <p>10 Q. How did you learn that you were</p> <p>11 going to be deposed in this matter?</p> <p>12 A. How I was going to be deposed? I</p> <p>13 was sitting in a meeting, and someone called in</p> <p>14 to that meeting or came to the door and said,</p> <p>15 "You have something you need to sign for at the</p> <p>16 front desk."</p> <p>17 So I went to the front desk, and</p> <p>18 there was a subpoena with my name on it, and so</p> <p>19 I knew something was up at that point.</p> <p>20 Q. So you received a subpoena, yes?</p> <p>21 A. Yes.</p> <p>22 Q. Did you do anything to prepare for</p> <p>23 today's deposition?</p> <p>24 A. Yes.</p> <p>25 Q. What did you do to prepare for</p>
<p style="text-align: right;">Page 31</p> <p>1 biostatistician, it would be the only way I</p> <p>2 could really answer that question.</p> <p>3 Q. Okay. So you have some statistical</p> <p>4 knowledge because you're an epidemiologist;</p> <p>5 that's fair to say, right?</p> <p>6 A. Yes.</p> <p>7 Q. Do you have any training or</p> <p>8 expertise in pharmacology?</p> <p>9 A. No.</p> <p>10 Q. Do you have any training or</p> <p>11 expertise in behavioral health?</p> <p>12 A. No.</p> <p>13 Q. Do you have any training or</p> <p>14 expertise in mental health?</p> <p>15 A. No.</p> <p>16 Q. Do you have any training or</p> <p>17 expertise in psychology?</p> <p>18 A. Just maybe a core psychology course</p> <p>19 in my undergraduate work.</p> <p>20 Q. Do you have any training or</p> <p>21 expertise in toxicology?</p> <p>22 A. No.</p> <p>23 Q. Do you have any training or</p> <p>24 expertise in addiction medicine?</p> <p>25 A. No.</p>	<p style="text-align: right;">Page 33</p> <p>1 today's deposition?</p> <p>2 A. I had a meeting.</p> <p>3 Q. Who did you meet with?</p> <p>4 A. I met with Marty and Matt and a</p> <p>5 couple others.</p> <p>6 Q. Who were the couple others?</p> <p>7 A. Let's see. Shayna? I met with</p> <p>8 Sal. And briefly spoke with Frank.</p> <p>9 Q. Okay. You mentioned somebody named</p> <p>10 Shayna. Do you know what -- if she's a lawyer</p> <p>11 associated with a firm? Is she associated with</p> <p>12 Napoli Shkolnik?</p> <p>13 A. Yeah. It was via conference call,</p> <p>14 so it was difficult for me to --</p> <p>15 Q. Okay.</p> <p>16 A. -- truly kind of understand.</p> <p>17 Q. But to your understanding, Shayna,</p> <p>18 Sal, and Frank were all, like Marty and Matt,</p> <p>19 lawyers acting on behalf of Cuyahoga County in</p> <p>20 this litigation?</p> <p>21 A. Yes.</p> <p>22 Q. And you said that you had that</p> <p>23 meeting via conference call?</p> <p>24 A. One of the participants was</p> <p>25 participating via conference call.</p>

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1 Q. Okay. So you had an in-person
2 meeting, and then I think you said Shayna was
3 the one who was participating by conference
4 call in that in-person meeting?
5 A. Correct.
6 Q. When did that meeting take place?
7 A. Yesterday.
8 Q. And how long were you in that
9 meeting for?
10 A. I'd say it was three hours.
11 Q. Aside from your meeting yesterday,
12 did you meet with anybody else to prepare for
13 this deposition?
14 A. Yes.
15 Q. Who did you meet with?
16 A. Our general counsel at the Cuyahoga
17 County Board of Health.
18 Q. What is his name?
19 A. His name is Tom O'Donnell.
20 Can you define what you mean by
21 "prepare"? What -- that would help me
22 understand the --
23 Q. So what I'm interested in is just
24 finding out who you spoke with in advance of
25 today's deposition, about the deposition. Does

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1 that help clarify --
2 A. Yes.
3 Q. -- your understanding?
4 So you mentioned you met with
5 Mr. O'Donnell. When did you meet with
6 Mr. O'Donnell?
7 A. Since it started happening, he
8 would just advise us on -- my -- my date kept
9 on getting moved, and so he was our internal
10 person that would keep us up to date.
11 Q. Okay. So you may have spoken to
12 Mr. O'Donnell on multiple occasions about the
13 scheduling and logistics of your deposition?
14 A. That is correct.
15 Q. Aside from the lawyers that you met
16 with yesterday and Mr. O'Donnell, did you
17 discuss your deposition in advance of today
18 with anyone?
19 A. Yes.
20 Q. And who did you discuss it with?
21 A. Can you give me your definition of
22 "discuss"?
23 Q. Really any conversations that you
24 had. I mean, if you had a conversation that
25 was just, you know, telling somebody, "I have

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1 to sit for a deposition," you can say that.
2 But I'm -- I'm interested in any communications
3 that you had with people in advance of the
4 deposition about the deposition.
5 A. Okay. Because I've had a handful
6 of discussions like you just described about
7 telling people that I needed to do this.
8 Q. Okay. What about more substantive
9 discussions about the content of the
10 deposition?
11 A. Not about the content. Terry told
12 me kind of the -- to give me a better
13 understanding of the logistics, but not about
14 the content itself.
15 I have never been deposed before,
16 and so I was really anxious and trying to
17 understand what was going to be expected of me
18 and how today would go. And so that's the type
19 of conversation. But nothing specific to any
20 content.
21 Q. Okay. And when you say "Terry,"
22 that's Terry Allan?
23 A. Terry Allan.
24 Q. Did you review any documents as
25 part of your preparation for today's

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1 deposition?
2 A. Yes.
3 Q. Did you review those documents in
4 conjunction with the lawyers?
5 A. Yes.
6 Q. Were you ever asked to preserve and
7 not throw away or delete documents that could
8 be related to this litigation?
9 A. Yes.
10 Q. When were you asked to preserve
11 documents?
12 A. I cannot give you the exact date
13 and time. I want to say it was sometime in the
14 late summer or fall when we received
15 notification through Tom O'Donnell, who, again,
16 is our administrative counsel, indicating that
17 we received some type of legal order -- I'm not
18 a lawyer, so I'm sorry --
19 Q. That's all right.
20 A. -- that I don't have the correct
21 terms -- but basically indicated that, "You're
22 not to delete anything." And so that was the
23 start of that process.
24 Q. Did you comply with that?
25 A. Yes, I did.

<p style="text-align: right;">Page 38</p> <p>1 Q. In preparation for your deposition 2 today, did you review the complaint in this 3 lawsuit? 4 A. No. 5 Q. Have you ever seen the complaint in 6 this lawsuit? 7 A. No. 8 Q. Did you review any pleadings filed 9 by the lawyers in this lawsuit? 10 A. No. 11 Q. Did you review any deposition 12 testimony from this lawsuit? 13 A. No. 14 Q. When did you first hear about this 15 lawsuit? 16 A. I don't know the exact time frame. 17 I just remember Terry telling our management 18 team that there was something going on from a 19 legal standpoint. We had no idea at that time 20 how/if our agency was going to be involved in 21 any way, but that's -- to my recollection right 22 now, that's when I first heard about things. 23 Q. Okay. So you think you first heard 24 about the lawsuit from Terry Allan; you are not 25 sure exactly when?</p>	<p style="text-align: right;">Page 40</p> <p>1 A. Just hearing your introductions 2 today has given me a better idea, but prior to 3 that time, I just knew it was, quote, the 4 pharmaceutical industry. 5 Q. Okay. Do you know what categories 6 the Defendants fall into within the umbrella 7 that you're calling "the pharmaceutical 8 industry"? 9 A. I don't even know what that would 10 mean. You'd have to clarify for me what a 11 category is. 12 Q. Okay. So when you say 13 "pharmaceutical industry," what kind of 14 companies or entities do you consider to be 15 part of the pharmaceutical industry? 16 A. Individuals who make 17 pharmaceuticals? Well, when I heard the name 18 Cardinal, I thought Cardinal is also involved 19 in, like, the supply chain process, from my 20 preparedness-related... 21 Q. Are you familiar with any specific 22 allegations against Defendants in this lawsuit? 23 A. I'm not sure I understand the -- 24 the question. 25 Q. Do you know of any specific</p>
<p style="text-align: right;">Page 39</p> <p>1 A. That is correct. 2 Q. Was it before you received the 3 subpoena? 4 A. I'm not certain about that timing. 5 Q. Do you know what this lawsuit is 6 about? 7 A. I know general information about 8 the lawsuit. 9 Q. What is this lawsuit about, to the 10 best of your understanding? 11 A. To the best of my understanding, 12 it's a lawsuit involving the pharmaceutical 13 industry, and specifically associated with 14 opioids, and the role of the pharmaceutical 15 industry and the current opioid epidemic that 16 we're experiencing as a community. 17 Q. Do you know who the Plaintiff in 18 this lawsuit is? 19 A. I don't know if I know all of the 20 Plaintiffs. I remember there being discussion 21 that there could be more than one area or 22 community getting involved, but I don't have 23 the details on that. 24 Q. Do you know who the Defendants in 25 this lawsuit are?</p>	<p style="text-align: right;">Page 41</p> <p>1 wrongdoing that Defendants in this litigation 2 are being accused of? 3 A. The limited knowledge I do have 4 about this is that there is kind of a focus in 5 on the addictive nature of the opioid and just 6 how addictive it is, and that's -- that's 7 really the extent of -- of my knowledge. 8 Q. Have you read anything in the press 9 about this litigation? 10 A. No. 11 Q. Have you seen anything on 12 television about this litigation? 13 A. I don't know. 14 Q. Turning back to your work at the 15 Cuyahoga County Board of Health, what sort of 16 public health issues does the Cuyahoga County 17 Board of Health work on? 18 A. Wow. We work on so many different 19 things that most people don't even have an 20 appreciation for. We -- we actually work on -- 21 we probably have 30 to 40 different programs 22 across all of our service areas. 23 Do you -- do you want me to start 24 giving you examples of those? 25 Q. Sure. Just give me the top</p>

<p style="text-align: right;">Page 42</p> <p>1 examples that come to mind for you.</p> <p>2 A. Sure. So food safety, vaccination</p> <p>3 programming, healthy homes programming, home</p> <p>4 visiting, as I've described earlier, reportable</p> <p>5 disease, emergency preparedness, breast and</p> <p>6 cervical cancer screening. We work with the</p> <p>7 watershed protection, so monitoring the health</p> <p>8 of streams and waterways.</p> <p>9 Is that -- is that a sufficient</p> <p>10 list of examples?</p> <p>11 Q. Sure. So you said it was about 30</p> <p>12 to 40 programs total; is that right?</p> <p>13 A. About that, yes.</p> <p>14 Q. How many of those 30 to 40 programs</p> <p>15 relate to substance abuse issues?</p> <p>16 A. That's a little bit more difficult</p> <p>17 question for me to answer. We -- we have one</p> <p>18 specific program that we label as our Ohio</p> <p>19 Department of Health, or ODH, injury prevention</p> <p>20 program. That's -- that's really the program</p> <p>21 that is most directly related to substance</p> <p>22 abuse.</p> <p>23 If you're also defining things that</p> <p>24 some of our nurses in our home visiting program</p> <p>25 would get into as they serve clients, then that</p>	<p style="text-align: right;">Page 44</p> <p>1 A. It's not my program, but I believe</p> <p>2 it does.</p> <p>3 Q. When you say, "It's not my</p> <p>4 program," whose program is it?</p> <p>5 A. That -- that program is run,</p> <p>6 administratively, out of our environmental</p> <p>7 public health service area. And so Vince</p> <p>8 Caraffi is the supervisor of that program, and</p> <p>9 April Vince is the program manager of that</p> <p>10 program.</p> <p>11 Q. How long has that program been</p> <p>12 going on?</p> <p>13 A. I don't know the exact dates.</p> <p>14 Q. Can you give me a ballpark number</p> <p>15 of years?</p> <p>16 A. I can't really give you a ball- --</p> <p>17 ballpark.</p> <p>18 Q. Aside from the injury prevention</p> <p>19 program, I think you said that there might be</p> <p>20 other programs that touch on substance abuse</p> <p>21 issues, but are there any other programs that</p> <p>22 are specific to substance abuse issues?</p> <p>23 A. Not that I'm recalling at this</p> <p>24 time.</p> <p>25 Q. Are there any other programs that</p>
<p style="text-align: right;">Page 43</p> <p>1 would be more like an indirect involvement in</p> <p>2 substance abuse programming.</p> <p>3 Q. And what is the injury prevention</p> <p>4 program?</p> <p>5 A. My definition of the injury</p> <p>6 prevention program is the -- the program that</p> <p>7 our agency receives grant funding for, where</p> <p>8 we -- as part of the scope of that work, we</p> <p>9 coordinate the Opiate Task Force for Cuyahoga</p> <p>10 County.</p> <p>11 We also do some capacity building</p> <p>12 and technical assistance with other counties</p> <p>13 who are looking to get more involved in that</p> <p>14 type of programming.</p> <p>15 That's the main focus of -- of the</p> <p>16 injury prevention program.</p> <p>17 Q. You said that that program receives</p> <p>18 grant funding. What is the source of that</p> <p>19 grant funding?</p> <p>20 A. We get that grant from the Ohio</p> <p>21 Department of Health.</p> <p>22 Q. Does the Cuyahoga County Board of</p> <p>23 Health currently receive grant funding from the</p> <p>24 Ohio Department of Health for the injury</p> <p>25 prevention program?</p>	<p style="text-align: right;">Page 45</p> <p>1 are specific to issues involving opiate use?</p> <p>2 A. Not that I'm recalling at this</p> <p>3 time.</p> <p>4 Q. You mentioned these 30 to 40</p> <p>5 programs that the Board of Health runs. Are</p> <p>6 there any programs that you are particularly</p> <p>7 interested or involved in?</p> <p>8 A. Yes.</p> <p>9 Q. What are those programs?</p> <p>10 A. So I oversee our emergency</p> <p>11 preparedness program.</p> <p>12 I oversee our communicable disease</p> <p>13 program. And that is tucked with the animal</p> <p>14 bites, rabies. That's kind of a shared</p> <p>15 coordination with colleagues in environmental</p> <p>16 public health.</p> <p>17 And those are our two programs. We</p> <p>18 also are a support function for our agencies.</p> <p>19 My department service area is also a support</p> <p>20 function. So we have kind of an infrastructure</p> <p>21 side to our service area and then a programming</p> <p>22 side to our service area.</p> <p>23 I also have staff inside of my</p> <p>24 service area that supports work for the other</p> <p>25 service areas, so even though my service area</p>

<p style="text-align: right;">Page 46</p> <p>1 isn't the lead, we have data analysts, for 2 example, that would provide data support for 3 some of the other programs that are coordinated 4 out of other service areas at the health 5 department. 6 Q. In your view, is it important for 7 the Cuyahoga County Board of Health to address 8 a broad range of issues? 9 A. Yes. 10 Q. Why is that important? 11 A. Because a broad range of issues 12 impact the health and well-being of the 13 community, and we're here to help promote and 14 protect the health and well-being of the 15 community. 16 Q. In your view, what are the most 17 important public health issues affecting the 18 community currently? 19 A. I think that's really difficult to 20 answer because there are so many, and I think 21 it's difficult to potentially unfair to try to 22 rank them in that manner. 23 Q. Are there any issues that you 24 personally believe are particularly important 25 for the Board of Health to address?</p>	<p style="text-align: right;">Page 48</p> <p>1 programming that's really important. We have a 2 really bad problem with infant mortality in our 3 community, especially the disparity of black to 4 white infant deaths. It's a terrible 5 disparity. So that's just an example of an 6 important issue that our community is facing. 7 Q. Are there any other examples that 8 stick out to you? 9 A. My -- my view is there are several 10 that are -- are really important. So, you 11 know, is the quality of our water important to 12 us? Yes. Is the quality of our environment 13 important to us? Yes. Is it important for our 14 communities to be prepared for emergency 15 preparedness, both naturally and man made? 16 Yes. Responding to current epidemics, such as 17 the opioid crisis? Yeah. 18 There -- there -- there are a lot 19 of important issues that local public health 20 need -- need to be involved in. 21 Q. You touched on this a little when 22 you talked about particular programs that the 23 ESI service area touches on, but just kind of 24 taking a step back, what is the area of 25 responsibility for the ESI service area, as you</p>
<p style="text-align: right;">Page 47</p> <p>1 A. Can you help me -- can you frame 2 that question a little bit better for me to be 3 able to understand? 4 Q. Sure. So I'm just trying to 5 understand if there are any particular issues 6 that you see as especially important or 7 pressing. 8 So you said that it would be 9 difficult or unfair to rank the public health 10 issues in terms of importance, which I 11 understand. I'm just trying to get a sense of 12 if there are any particular issues that stand 13 out to you as particularly important for the 14 Board of Health to be working on currently. 15 MR. McMONAGLE: Objection. 16 A. Again, I -- I can give you 17 examples, but to sit there and try to rank 18 them, or -- 19 Q. Sure. 20 A. -- or to say that, again, you know, 21 one is more important than the other, because 22 we do a lot of programming that's important 23 that make up the overall health and well-being 24 of the community. 25 I can just give you an example of</p>	<p style="text-align: right;">Page 49</p> <p>1 would describe it? 2 A. So as I was -- describe it? So we 3 are responsible for providing the IT support 4 for the agency. That's where the informatics 5 comes in on the ESI aspect of it. 6 We are involved in providing the -- 7 the data and analytic capacity for many of the 8 programs, and that includes, you know, creating 9 reports, monitoring data. That's kind of where 10 that "S" or "surveillance" comes in. 11 The epidemiology portion of it 12 speaks to our communicable disease programming. 13 What gets a little lost in the title is some of 14 our emergency preparedness work, which has a 15 relationship to epidemiology, but perhaps we 16 got -- you know, we kept adding names to the -- 17 to the service area, and maybe we just stopped 18 because it was getting too long. 19 Q. You mentioned that the "S," the 20 "surveillance" component of the service area, 21 involves tracking data; is that right? 22 A. Correct. 23 Q. And I realize this might be hard 24 for you to answer because the answer might be a 25 lot of different categories, but what</p>

<p style="text-align: right;">Page 50</p> <p>1 categories of data does ESI track, to give some 2 examples?</p> <p>3 A. To give you some examples, so we 4 track cancer, both in terms of cancer deaths 5 and new cases of -- of cancer. We track 6 communicable disease. We track the flu. We 7 track childhood lead poisoning. We provide 8 data support around the opioid crisis. 9 Those are just some examples that 10 come to the top of my head.</p> <p>11 Q. You mentioned that you provide data 12 support around the opioid crisis.</p> <p>13 A. Yes.</p> <p>14 Q. What kind of data support does the 15 ESI service area provide around the opioid 16 crisis?</p> <p>17 A. We have access to a surveillance 18 system that's called EpiCenter. EpiCenter is a 19 web-based system that gets chief complaint 20 information from the local hospitals. And what 21 happens is day-to-day thresholds, or what you 22 would expect to see based on the chief 23 complaints, and they're categorized into 24 different categories, are plotted against more 25 real-time information. And then, when it</p>	<p style="text-align: right;">Page 52</p> <p>1 categories of data related to the opioid crisis 2 that ESI tracks?</p> <p>3 A. Yes. So we're involved in helping 4 with our community assessments, so every so 5 many years we have to conduct what they call a 6 community health status assessment, community 7 health assessments, and because of our analytic 8 role, we're involved in helping compile that 9 data.</p> <p>10 And so most recently in our 2018 11 community health report, the steering committee 12 that's involved in compiling that report added 13 opioid-related deaths to the emerging health 14 concerns in our 2018 report. That was a new 15 category for us, because our last assessment, 16 which was in 2013, didn't even have that 17 category in it.</p> <p>18 Q. Okay. And we'll go back and 19 discuss each of these categories in more 20 detail, but at the moment I'm just trying to 21 get a list of types of data support that ESI 22 provides around the opioid crisis.</p> <p>23 So we have EpiCenter data, naloxone 24 distribution maps, the community health status 25 assessment involves some opioid-related data,</p>
<p style="text-align: right;">Page 51</p> <p>1 exceeds that threshold, the system sends an 2 e-mail to us where we can try to look into the 3 information to see if we can identify something 4 that maybe needs a closer look. So that's an 5 example of that type of support.</p> <p>6 We -- we have staff who are 7 providing data support for that ODH injury 8 prevention program. I had an analyst kind of 9 map out the naloxone distribution sites in the 10 county to -- to help people know where they can 11 go to get those kits.</p> <p>12 And then a staff member helps 13 compile that information from that EpiCenter to 14 put together reports.</p> <p>15 Q. Okay. So you mentioned several 16 different things there. So breaking them down, 17 the ESI service area tracks some data from 18 EpiCenter, right?</p> <p>19 A. Correct.</p> <p>20 Q. You also have staff providing data 21 support for naloxone distribution locations, in 22 terms of mapping them; is that right?</p> <p>23 A. Correct.</p> <p>24 Q. Aside from EpiCenter data and 25 naloxone distribution locations, are there any</p>	<p style="text-align: right;">Page 53</p> <p>1 right?</p> <p>2 A. Yes.</p> <p>3 Q. Is there anything else?</p> <p>4 A. Not that I can recall at this time.</p> <p>5 Q. Does the ESI service area itself 6 generate any data regarding opioid use?</p> <p>7 A. Can you help me understand what you 8 mean by generating?</p> <p>9 Q. Sure. So you mentioned tracking 10 data from sources like EpiCenter. Does ESI -- 11 the ESI service area also create data or --</p> <p>12 A. That's tough to answer, because we 13 create those reports, right? And so if you 14 consider the report data, then I would answer 15 yes to that question, if that's how you defined 16 it.</p> <p>17 Q. So you create reports from other 18 systems of data. But -- let me ask this.</p> <p>19 Is ESI -- does ESI do any field 20 work to gather data related to the opioid 21 crisis?</p> <p>22 A. Collect field data to help 23 support -- I do not believe -- I'm not 24 recalling that we would do that at this time.</p> <p>25 Q. Are you familiar with the OARRS</p>

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1 database, O-A-R-R-S?

2 A. I have an awareness of it,

3 depending on how you would define "familiar."

4 I need to know more about that to -- to help

5 answer your question better.

6 Q. Okay. What is the OARRS database,

7 to your understanding?

8 A. It's a web-based system that allows

9 for the physicians to be able to understand how

10 often patients are prescribed medications and

11 how -- how often physicians are prescribing

12 them. I've never seen what it looks like, have

13 never been inside of there. I don't have

14 credentialing for it. That's kind of the

15 extent of what I know about the system.

16 Q. Does the Cuyahoga County Board of

17 Health have access to the OARRS database?

18 A. There may be people who are from

19 the injury prevention program that have access,

20 but I cannot say with certainty. I do not know

21 who in our department is authorized and

22 credentialed to be in the system or not.

23 Q. Now, you mentioned EpiCenter. And

24 that's also a database. Is that a fair word to

25 use?

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1 A. It's a web-based application, is

2 probably the best way to describe that.

3 Q. Who maintains EpiCenter?

4 A. So, it's administered by the state

5 health department, the Ohio Department of

6 Health. They work with the vendor.

7 Q. Does the Cuyahoga County Board of

8 Health have access to EpiCenter?

9 A. Yes.

10 Q. Do you have access to EpiCenter?

11 A. Yes.

12 Q. Do you know when the EpiCenter

13 application was first formed?

14 A. No.

15 Q. How long has the Cuyahoga County

16 Board of Health had access to EpiCenter data?

17 A. Shortly after its inception. I'd

18 just like to give you context. Initially

19 EpiCenter was developed to help us with

20 response to emergency preparedness-related

21 issues. So the idea was that if we can try to

22 identify people becoming ill before they're

23 formally diagnosed, that would get us a jump

24 start on being able to set up a response,

25 primarily out of bioterrorism-related issues.

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1 That's -- that was the -- the orig- -- the

2 genesis of -- of EpiCenter.

3 Q. Do you recall approximately when

4 that was?

5 A. I don't. I'm going to say between

6 2000-2005 is the original, only because of the

7 whole -- yeah. I mean, there's 9/11. There --

8 there were several different --

9 I'm going to say no, I -- I don't

10 know the -- the exact origin of when it was

11 first available to us.

12 Q. Okay. That's okay.

13 And I believe you said earlier that

14 EpiCenter -- the EpiCenter application gets

15 chief complaint information from local

16 hospitals; is that right?

17 A. Yes. That is the -- the design of

18 EpiCenter, is -- is that it's fed information

19 from the local hospitals, chief complaint.

20 It's some urgent care.

21 You'd have to check with the state

22 health department to see if private providers

23 are feeding it as well. Because I don't

24 directly administer the system, I'm not the

25 best person to be able to answer those types of

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1 details.

2 Q. Okay. When you say "chief

3 complaint information," what do you mean by

4 that?

5 A. What I mean by chief complaint is

6 it's information that people provide when they

7 show up to the ER. So if they say, "I have a

8 sore throat," that's the chief complaint. It's

9 basically that initial set of information that

10 is your primary reason for why you're showing

11 up to the ER in advance of any further

12 diagnostics to give more specificity on why

13 you're not feeling well.

14 Q. So local hospitals and health care

15 providers provide information into the

16 EpiCenter system about chief complaints that

17 patients are showing up with; is that right?

18 A. And then they're grouped.

19 Q. Okay. How are they grouped?

20 A. Into different categories that they

21 call syndromes. So there is respiratory,

22 neurological, constitutional. There's a whole

23 set of categories that are created to try to

24 group and aggregate that information.

25 Q. Approximately how many categories

<p style="text-align: right;">Page 58</p> <p>1 are there?</p> <p>2 A. I wouldn't want to venture a guess.</p> <p>3 I don't -- I don't know the -- the number.</p> <p>4 Q. Is it more or less than five?</p> <p>5 A. More than five.</p> <p>6 Q. How about 10? More or less than</p> <p>7 10?</p> <p>8 A. It's difficult to answer.</p> <p>9 Q. And then I think you mentioned that</p> <p>10 the EpiCenter system sends an e-mail,</p> <p>11 sometimes, with information; is that right?</p> <p>12 A. Correct. So the way the system is</p> <p>13 set up is that baseline thresholds are</p> <p>14 established for each day of the year, for each</p> <p>15 category, for each of those syndromes or</p> <p>16 categories. And then when that threshold is</p> <p>17 exceeded, it sends an e-mail saying that the</p> <p>18 threshold was -- has been exceeded.</p> <p>19 Q. Okay. So if I were to try to</p> <p>20 explain this to, you know, my mom, who doesn't</p> <p>21 know anything about this, I would say that the</p> <p>22 system has a certain number, a threshold, that</p> <p>23 it assigns to a particular category of the</p> <p>24 number of complaints that you would expect in</p> <p>25 that category; is that fair to say?</p>	<p style="text-align: right;">Page 60</p> <p>1 regular e-mails from EpiCenter, like, on a</p> <p>2 weekly basis, monthly basis, anything like that</p> <p>3 with summaries of data?</p> <p>4 A. Thank goodness, no.</p> <p>5 Q. Can you query the EpiCenter system</p> <p>6 to search for data?</p> <p>7 A. Yes.</p> <p>8 Q. So you mentioned that there are</p> <p>9 different categories, called syndromes, that</p> <p>10 complaints are grouped into in EpiCenter. Is</p> <p>11 there a particular category that relates to</p> <p>12 overdoses?</p> <p>13 A. Yes. And the -- the terminology</p> <p>14 that -- in EpiCenter they call them</p> <p>15 classifiers, so -- so classifiers are</p> <p>16 continuing to get developed. They're trying --</p> <p>17 the state health department is trying to</p> <p>18 continue to find different ways to utilize this</p> <p>19 system. One such way was the development of a</p> <p>20 classifier called "drugs."</p> <p>21 Q. And what kind of complaints are</p> <p>22 captured in the "drug" classifier category?</p> <p>23 A. It varies widely. So it could</p> <p>24 include chief complaints where "overdose" is</p> <p>25 typed in. It could be "too much Tylenol." It</p>
<p style="text-align: right;">Page 59</p> <p>1 A. Correct.</p> <p>2 Q. And then if there are -- if there's</p> <p>3 an unusually high number of complaints in that</p> <p>4 particular category on that particular day, the</p> <p>5 system sends out an e-mail notifying you of</p> <p>6 that?</p> <p>7 A. Correct.</p> <p>8 Q. Aside from sending e-mails when</p> <p>9 thresholds are crossed, does EpiCenter generate</p> <p>10 any kind of regular reports?</p> <p>11 A. Depends on how you would define</p> <p>12 "report." So the system continues to mature</p> <p>13 through time. And so if -- if your version of</p> <p>14 a report is a nicely bound or a nice read that</p> <p>15 has paragraphs and things of that nature,</p> <p>16 really isn't designed to do that.</p> <p>17 But if you're going to define</p> <p>18 "report" as some information that looks more</p> <p>19 like an Excel spreadsheet, something of that</p> <p>20 nature, then that's the type of reporting that</p> <p>21 it's starting to be able to -- to spit out.</p> <p>22 Q. Okay. Let me ask a slightly</p> <p>23 different question.</p> <p>24 Aside from e-mail alerts when a</p> <p>25 threshold is crossed, do you get any kind of</p>	<p style="text-align: right;">Page 61</p> <p>1 could be "too much aspirin." It could be the</p> <p>2 word "heroin."</p> <p>3 There -- there is a lot of</p> <p>4 different key phrases or words that the techy</p> <p>5 folks who helped build out that classifier used</p> <p>6 to develop that portion. And that's a -- a</p> <p>7 newer feature of EpiCenter.</p> <p>8 Again, EpiCenter initially focused</p> <p>9 in on things that were more tied to syndromes</p> <p>10 that could be a result of intentional attack on</p> <p>11 our health from a bioterrorism standpoint, but</p> <p>12 it's -- it's evolved to try to deal with this</p> <p>13 opioid crisis.</p> <p>14 Q. Okay. So now that I have a better</p> <p>15 understanding of what EpiCenter is and how it</p> <p>16 works, you mentioned that the ESI service area</p> <p>17 has access to EpiCenter and tracks some data</p> <p>18 related to the opioid crisis; is that right?</p> <p>19 A. Yes.</p> <p>20 Q. For how long has the ESI service</p> <p>21 area been doing that?</p> <p>22 A. I can't recall.</p> <p>23 Q. Has it been a couple of years?</p> <p>24 A. I would feel confident saying a</p> <p>25 couple years.</p>

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1 Q. And how often does ESI gather or
2 track data from EpiCenter related to the opioid
3 crisis?
4 A. It depends on the following: So if
5 there is an alert, right -- so that's more of
6 an ad hoc occurrence -- we go in and research
7 to look into it. And then we were trying to
8 understand the data needs of the Opiate Task
9 Force; initially, we were taking a look at data
10 monthly, and we moved to quarterly, and then
11 more annually looking at it now, compiling a
12 report.
13 Q. So, currently, how often does the
14 ESI service area compile reports of EpiCenter
15 data related to the opioid crisis?
16 A. Because I do not directly do that
17 anymore, I'm going to answer I don't know.
18 Q. Okay. Who does directly do that?
19 A. A member of my staff is working
20 with a data analyst. Do you -- do you need to
21 know her name?
22 Q. Sure.
23 A. Her name is Becky Karns.
24 Q. And you said that you no longer are
25 tracking the EpiCenter data yourself. Does

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1 that mean that at some point in time you did do
2 that yourself?
3 A. Yeah. I still am heavily involved
4 in responding to any alerts that would come
5 out. But just in terms of, like, regularly
6 assembling data from EpiCenter, I -- I don't do
7 that any longer. But initially, yes, it was --
8 it was me who provided that data support.
9 Q. And in what time period did you
10 provide that data support? Ballpark.
11 A. It's not too long ago. I only say
12 that because it was -- it was at a time where
13 Allison Leppla was working in the injury
14 prevention program, but I can't give you the
15 exact -- the exact dates.
16 MS. JASIEWICZ: Okay. We've been
17 going about an hour and a half. Would you like
18 to take a short break?
19 THE WITNESS: Sure. I can't even
20 believe it's been that long.
21 MS. JASIEWICZ: Time flies when
22 you're having fun, right?
23 THE VIDEOGRAPHER: We're going off
24 the record. The time is 2:24.
25 (A recess was taken.)

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1 THE VIDEOGRAPHER: We're now back
2 on the record. The time is 2:47 p.m.
3 BY MS. JASIEWICZ:
4 Q. Welcome back, Mr. Kippes.
5 I have just a couple of quick
6 questions to clarify some things that you said
7 earlier this afternoon, just to make sure that
8 I understood you correctly.
9 So I asked you about the number of
10 employees that report to you, and you said you
11 think it's around eight; is that right?
12 A. Correct.
13 Q. Is that the total number of
14 employees working in the ESI service area?
15 A. No, that is not.
16 Q. How many employees work in the ESI
17 service area?
18 A. We've had recent staffing changes,
19 so if you want me to quickly do a --
20 Q. Sure.
21 A. I believe it's 12.
22 Q. So of those 12 employees,
23 approximately 8 is the number that reports
24 directly to you --
25 A. Correct.

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1 Q. -- is that right?
2 And then the others might report
3 indirectly to you through the supervisor that
4 you mentioned earlier?
5 A. Correct.
6 Q. I also asked you some questions
7 earlier about you receiving a notice to
8 preserve documents related to this case, and
9 you said that you received that kind of notice
10 at some point in the summer, around the summer,
11 and I just wanted to clarify of what year.
12 A. I believe it was 2018, this past
13 year.
14 Q. We've been talking some today about
15 opioids and opiates. So I just want to spend a
16 moment getting our terminology straight so that
17 we're using the same words.
18 So are you familiar with the terms
19 "opioid" and "opiate"?
20 A. I've heard those terms.
21 Q. Is there a difference, in your mind
22 between those two terms?
23 A. Yes.
24 Q. What is that difference?
25 A. The difference is that the "opioid"

<p style="text-align: right;">Page 66</p> <p>1 is the -- the more general term. That seems to 2 be inclusive and used more so now than the 3 opi- -- 4 "Opiate" is more of the substance 5 that includes the opium. So the naturally 6 occurring -- 7 Q. Okay. 8 A. -- as opposed to synthetics and 9 things of -- of that nature, which tends to be 10 the more global opioid. 11 Q. Okay. 12 A. From my -- that's how I -- 13 Q. Sure. And that's exactly what I 14 want to understand, is just to -- so that I 15 make sure that I know, when you're using 16 those -- these terms, how you're defining them. 17 So you said that "opioid," in your 18 mind, is a more general term. So what are some 19 examples of opioids, in your mind? 20 A. Well, so that would include heroin, 21 OxyContin. So those are like, you know, an 22 example of illicit, and then, you know, 23 prescribed, just as two examples and different. 24 Q. So you gave heroin as an example of 25 an illicit opioid, right?</p>	<p style="text-align: right;">Page 68</p> <p>1 understand that term, what is fentanyl? 2 A. I just really understand it more as 3 an opioid. I -- I don't feel comfortable 4 getting into the chemical composition. That's 5 just not my lane. 6 Q. Sure. Let me ask this. Is -- when 7 you use the term "fentanyl," are you thinking 8 of a prescription opioid or an illicit opioid? 9 A. Well, I know the -- it's my 10 understanding that they can be used in both 11 settings: both for medical treatment, but also 12 for illicit purposes. 13 Q. So you understand that there are 14 some forms of fentanyl that are available as 15 prescriptions for medical treatment, and there 16 might be other forms of fentanyl that are 17 illegal? 18 MR. MASON: Object to form. 19 Go ahead. You can answer. 20 A. That's how I, in my mind, kind of 21 would classify that. 22 Q. You also mentioned carfentanil. 23 What is "carfentanil," as far as you understand 24 that term? 25 A. I just said it to be another</p>
<p style="text-align: right;">Page 67</p> <p>1 A. Correct. 2 Q. And then OxyContin is an example of 3 a prescription opioid; is that right? 4 A. Correct. 5 Q. So based on that distinction that 6 you are drawing, you understand that some 7 opioids can be prescribed as medically 8 necessary treatment for pain? 9 MR. MASON: Objection. 10 A. Yes, it is my understanding that 11 some opioids can be prescribed to treat medical 12 conditions. 13 Q. And you understand that some other 14 opioids are illegal, yes? 15 A. Yes. 16 Q. And you gave heroin as an example 17 of an illegal opioid? 18 A. Yes. 19 Q. Can you think of other examples of 20 illegal opioids? 21 A. Well, I mean, you have the 22 manufacturing of fentanyl, carfentanil, things 23 of that nature that are making it into the 24 community. 25 Q. You mentioned fentanyl. As you</p>	<p style="text-align: right;">Page 69</p> <p>1 derivative that is involved in the -- the 2 crisis that we're dealing with. 3 Q. And is carfentanil an illicit 4 opioid or a prescription opioid? 5 A. I don't know. 6 Q. You don't know. 7 In what you have observed in your 8 work at the Cuyahoga County Board of Health, is 9 there a problem with opioid use in Cuyahoga 10 County? 11 A. Yes. 12 Q. Is there a problem with opioid 13 overdoses in Cuyahoga County? 14 A. Yes. 15 Q. When did you first become aware of 16 the problem with opioid use in Cuyahoga County? 17 A. I don't know. I can't pinpoint an 18 exact date or time. 19 Q. Can you give me a ballpark number 20 of years? 21 A. No. 22 Q. Would you say there is an opioid 23 epidemic in Cuyahoga County? 24 A. Opioid epidemic in Cuyahoga County? 25 Yes.</p>

<p style="text-align: right;">Page 70</p> <p>1 Q. What is an "epidemic," as you are</p> <p>2 using that term?</p> <p>3 A. As I use the term "epidemic," it is</p> <p>4 used to categorize a situation where you have</p> <p>5 more than what you would expect to see in a</p> <p>6 community.</p> <p>7 Q. So if there's an opioid epidemic,</p> <p>8 that means that there is more opioid use than</p> <p>9 you would expect to see in Cuyahoga County?</p> <p>10 MR. MASON: Object to form.</p> <p>11 A. When -- when we're talking about</p> <p>12 the opioid epidemic, we're talking about -- in</p> <p>13 my mind what we're talking about is this</p> <p>14 increase in deaths and usage of opioids in our</p> <p>15 population that is different now than it was</p> <p>16 before.</p> <p>17 Q. When you say "it is different now</p> <p>18 than it was before," can you give a time frame</p> <p>19 of what is "now" and what is "before"?</p> <p>20 A. I cannot.</p> <p>21 Q. We also talked some earlier this</p> <p>22 afternoon about the Cuyahoga County Opiate Task</p> <p>23 Force; is that right?</p> <p>24 A. Yes.</p> <p>25 Q. What is the Cuyahoga County Opiate</p>	<p style="text-align: right;">Page 72</p> <p>1 Q. Have you ever been asked to come to</p> <p>2 a meeting of the task force?</p> <p>3 A. No.</p> <p>4 Q. Do you know if the task force has a</p> <p>5 LISTSERV?</p> <p>6 A. I don't know.</p> <p>7 Q. So I take it you don't receive any</p> <p>8 e-mails from a task force LISTSERV?</p> <p>9 A. I'm not recalling any at this time.</p> <p>10 Q. And I think you mentioned earlier</p> <p>11 that Vince Caraffi was a leader of the task</p> <p>12 force; is that right?</p> <p>13 A. Well, he's the supervisor of the</p> <p>14 ODH injury prevention program.</p> <p>15 Q. Okay.</p> <p>16 A. Whether he's the leader of the task</p> <p>17 force or not, I don't know.</p> <p>18 Q. Okay. And I think you may have</p> <p>19 touched on this briefly earlier, but how is the</p> <p>20 task force related to the injury prevention</p> <p>21 program?</p> <p>22 A. The injury prevention program is</p> <p>23 what we call our group of people that work on</p> <p>24 this issue. The task force is related to it</p> <p>25 because it's one of the main functions of the</p>
<p style="text-align: right;">Page 71</p> <p>1 Task Force?</p> <p>2 A. So I am not a member of it. I</p> <p>3 don't participate in it. What I do is support,</p> <p>4 to provide data support to it.</p> <p>5 To me it is a multidisciplinary</p> <p>6 group of people, stakeholders, that are coming</p> <p>7 together to try to help address an issue</p> <p>8 associated with opioids in our community.</p> <p>9 Q. Is the Cuyahoga County Opiate Task</p> <p>10 Force a part of the Cuyahoga County Board of</p> <p>11 Health?</p> <p>12 A. We coordinate it.</p> <p>13 Q. So when you say the Board of Health</p> <p>14 coordinates the task force, you mean there is a</p> <p>15 number of entities or individuals that are</p> <p>16 involved in the task force, and the Board of</p> <p>17 Health coordinates amongst those; is that</p> <p>18 right?</p> <p>19 A. Yes.</p> <p>20 Q. And you said that you are not a</p> <p>21 member of the task force; is that right?</p> <p>22 A. Correct.</p> <p>23 Q. Have you ever attended any meetings</p> <p>24 of the task force?</p> <p>25 A. No.</p>	<p style="text-align: right;">Page 73</p> <p>1 injury prevention program.</p> <p>2 Q. Okay. So the injury prevention</p> <p>3 program is a part -- it's a program within the</p> <p>4 Board of Health, and one of its main functions</p> <p>5 is to coordinate the task force, which includes</p> <p>6 various community members.</p> <p>7 A. Yes.</p> <p>8 Q. And I think you also mentioned</p> <p>9 earlier today April Vince as someone who works</p> <p>10 on the injury prevention program; is that</p> <p>11 right?</p> <p>12 A. Yes.</p> <p>13 Q. So is she also involved with the</p> <p>14 task force?</p> <p>15 A. I believe so.</p> <p>16 Q. And you also mentioned someone</p> <p>17 named Allison Leppla; is that right?</p> <p>18 A. Yes.</p> <p>19 Q. And is she also part of the injury</p> <p>20 prevention program?</p> <p>21 A. When she was employed at the</p> <p>22 Cuyahoga County Board of Health, yes.</p> <p>23 Q. So she's no longer there, but she</p> <p>24 was part of that program?</p> <p>25 A. Yes.</p>

<p style="text-align: right;">Page 74</p> <p>1 Q. And was she also part of the task 2 force? 3 A. Yes. 4 Q. Does the Cuyahoga County Board of 5 Health provide funding to the Cuyahoga County 6 Opiate Task Force? 7 A. I don't know the details of that. 8 Q. Okay. Does the Cuyahoga County 9 Opiate Task Force issue reports? 10 A. Yes. 11 Q. Does it issue annual reports? 12 A. I don't know the frequency in which 13 they issue their reports. 14 Q. Have you ever read a report issued 15 by the task force? 16 A. I don't know. 17 Q. Have you ever contributed to a 18 report issued by the task force? 19 A. Yes. 20 Q. What report have you contributed 21 to? 22 A. I remember providing information 23 from EpiCenter for one of the annual reports. 24 Q. So you mentioned providing 25 information from EpiCenter from -- for one of</p>	<p style="text-align: right;">Page 76</p> <p>1 A. Yes. 2 Q. I want to understand a little bit 3 better what you mean by that. 4 Is there any type of data that the 5 ESI service area provides on a regular basis to 6 the task force? 7 A. It depends on how you would define 8 "regular" and what you mean by that. 9 Q. Okay. Let me put it this way. 10 Does the task force specifically request 11 certain types of data from the ESI service 12 area? 13 A. Yes. 14 Q. And what type of data does the task 15 force request? 16 A. Data that they would use for the 17 report so that -- that goes back to the 18 EpiCenter. Really keep talking about the same 19 thing, about that EpiCenter data that we 20 provide that they use for... 21 Q. Okay. And when you say that you 22 provide data from EpiCenter, do you provide 23 that data sort of on an as-requested basis or 24 on a regular, like, weekly, monthly, quarterly 25 basis?</p>
<p style="text-align: right;">Page 75</p> <p>1 the annual reports. On how many occasions did 2 you provide information or input to task force 3 reports? 4 A. I don't remember the -- the number 5 of times. 6 Q. And was your contribution limited 7 to providing EpiCenter data? 8 A. Yes. 9 (Telephonic interruption.) 10 MS. JASIEWICZ: I'm sorry. To 11 those on the phone, just a reminder to please 12 mute your line. We can hear some typing. 13 Q. Have you met with any members of 14 the task force about the work of the task 15 force? 16 A. Just in-house individuals, so just 17 our CCBH staff. 18 Q. Okay. So that would be Vince 19 Caraffi, April Vince, Allison Leppla? 20 A. Correct. 21 Q. Anyone else? 22 A. No one comes to mind at this point. 23 Q. So you mentioned that the ESI 24 service area provides data support to the task 25 force.</p>	<p style="text-align: right;">Page 77</p> <p>1 A. I think we talked about this 2 earlier. It has to do with whether or not 3 there's an alert that -- 4 Q. Uh-huh. 5 A. -- occurs out of EpiCenter, and so 6 then I work with that data and provide that 7 information. 8 And then if they're working on a 9 publication, in the past it was myself, and now 10 I have staff within our service area that would 11 provide information. 12 Q. Okay. So it sounds like one of the 13 sort of routine sources of data would be 14 associated with EpiCenter alerts; is that 15 right? 16 A. Out of my shop, yes. 17 Q. Yeah, okay. And then you might 18 also provide other data as requested by the 19 task force for task force publications or 20 reports; is that fair to say? 21 A. I'm having trouble identifying 22 "other data." 23 Q. Okay. 24 A. When you -- when you use that term, 25 it's not resonating with me.</p>

<p style="text-align: right;">Page 78</p> <p>1 Q. Well, to give an example, have you 2 ever -- has the ESI service area ever provided 3 or tracked data from the medical examiner to 4 support the efforts of the task force? 5 A. I'm not sure if we worked with the 6 ME, medical examiner's data for task force 7 purposes. I remember doing it for the 8 community health status assessment. And so I 9 think we talked a little bit about that earlier 10 as well, where I said in the 2018 assessment we 11 actually had information on opioid-related 12 deaths. I received that information from the 13 medical examiner's office. 14 Q. Okay. So let me just break this 15 down again to make sure that I'm understanding. 16 So the ESI service area provides 17 data support for two projects that touch on 18 opioid-related issues: the task force on one 19 hand, and then the community health assessment 20 on the other hand; is that right? 21 A. Yes. To my recollection, yes. 22 Q. Are there any other projects for 23 which the ESI service area provides data 24 support specifically related to opioids? 25 A. What I described earlier to you</p>	<p style="text-align: right;">Page 80</p> <p>1 Q. Okay. And then the community 2 health status assessment data, that includes 3 data from the medical examiner; is that right? 4 A. Yes. 5 Q. What is the source of the data 6 about distribution of naloxone for that project 7 that you mentioned? 8 A. I don't know the source of the data 9 because I didn't do that project. I didn't 10 create those maps. That was a staff member of 11 mine that did that, so I don't know what that 12 data source is. 13 Q. Okay. And then in the community 14 health status assessment, you mentioned the 15 medical examiner data. Are there other sources 16 of data that you consulted for the community 17 health status assessment? 18 A. Several data sources. There's a 19 whole technical appendix on the report. To 20 give it a read, it's over 300 pages. You enjoy 21 yourself. 22 Q. We might see it later today. 23 What are some of those data 24 sources? 25 A. So vital statistics records is a</p>
<p style="text-align: right;">Page 79</p> <p>1 about the one staff member providing the 2 distribution of the naloxone. 3 Q. Okay. And was that a project 4 separate from the task force? 5 A. For me it's difficult to 6 distinguish between data support activities 7 that are, quote, for the task force versus the 8 injury prevention program, which is inclusive 9 of the task force. 10 Q. Okay. 11 A. I don't have that level of detail 12 to be able to tease apart those things. 13 Q. Okay. So the ESI service area 14 provides data support for the community health 15 status assessment. That's not related to the 16 injury prevention program; is that right? 17 A. Correct. 18 Q. And then it also provided some data 19 support for the injury prevention program, 20 including the task force? 21 A. Correct. 22 Q. And that includes EpiCenter data 23 and the data that you were mentioning about 24 distribution of naloxone? 25 A. Yes.</p>	<p style="text-align: right;">Page 81</p> <p>1 common data source in a community health status 2 assessment report. Birth records, death 3 records, just some examples. 4 Q. I asked you some questions earlier 5 today about the OARRS database. And you said 6 that you don't have access to the OARRS 7 database; is that right? 8 A. No. 9 Q. Aside from EpiCenter, what other 10 databases do you have access to that include 11 data relevant to the opioid-use issue? 12 A. Again, the vital statistics 13 records, so birth -- birth records and death 14 records. 15 Q. And to track data related to the 16 opioid issue in Cuyahoga County, are there any 17 other sources of data that you would like to 18 have access to? 19 A. I don't know. 20 Q. You mentioned earlier the 21 distribution of naloxone. What is naloxone? 22 A. It is something that can be 23 administered to an individual who overdosed to 24 help reverse the effects of the overdose and 25 kind of awaken them, bring them -- bring them</p>

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1 back, so to speak. So that is a summary of
 2 what that is.
 3 Q. Is the Cuyahoga County Board of
 4 Health involved with the distribution of
 5 naloxone?
 6 A. Yes.
 7 Q. How is it involved with the
 8 distribution of naloxone?
 9 A. There are days of the week and
 10 times people can come in and -- and pick up
 11 kits. And then we also help link stakeholders
 12 to get kits. So it's -- again, it's part of
 13 our injury prevention program. I -- I don't
 14 have a lot of details. That's my limited
 15 knowledge of it with respect to naloxone.
 16 Q. Do you know where the Cuyahoga
 17 County Board of Health gets the naloxone kits
 18 it distributes?
 19 A. I know one source is the -- the
 20 state health department.
 21 Q. Do you know if there are any other
 22 sources?
 23 A. I don't know.
 24 Q. Aside from the data support that
 25 we've been talking about that the ESI service

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1 area provides to programs that touch on
 2 opioid-use issues, have you done any
 3 professional work related to opioids?
 4 A. No.
 5 Q. Do you teach any coursework related
 6 to substance abuse?
 7 A. No.
 8 Q. Do you teach any coursework related
 9 to opioids specifically?
 10 A. No.
 11 Q. Have you done any professional
 12 writing about substance abuse issues?
 13 A. Not that I recall.
 14 Q. Have you done any professional
 15 writing about opioids?
 16 A. Other than these data support, and
 17 I these data briefs, if you're talking about
 18 professional, you mean like a peer-reviewed
 19 journal, if that's your definition, then, no.
 20 Q. Other than -- other than work done
 21 in your capacity as the head of ESI at the
 22 Cuyahoga County Board of Health, have you done
 23 any writing at all about opioids?
 24 A. Just these data briefs and the
 25 support, the -- in terms of -- of writing.

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1 Q. So the data briefs and the support
 2 you mentioned, that's all work that you do in
 3 your capacity as an employee of the Board of
 4 Health, right?
 5 A. Correct.
 6 Q. So when we were looking at your
 7 resume earlier, you have a list of publications
 8 and coursework and guest lectures. Is any of
 9 that work related to opioids in any way?
 10 A. The -- the only thing that would be
 11 indirectly related is when I teach my
 12 introductory epidemiology classes, when we talk
 13 about relevant or current public health issues,
 14 I could bring examples into the classroom. So
 15 that would -- that would be the only tie to
 16 that question.
 17 Q. Okay. So you might mention the
 18 opioid problem as an example of a public health
 19 issue in your introductory epidemiology
 20 courses, but other than that, you don't do any
 21 specific work related to opioids?
 22 A. Correct.
 23 Q. Does the Cuyahoga County Board of
 24 Health -- so not the task force, but the Board
 25 of Health overall -- issue annual reports?

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1 A. Yes.
 2 Q. Are you familiar with those
 3 reports?
 4 A. Yes.
 5 Q. Do you play any role in putting
 6 those reports together?
 7 A. A supportive role.
 8 Q. What role do you play in putting
 9 together Cuyahoga County Board of Health annual
 10 reports?
 11 A. It depends on the theme and focus
 12 of our annual report. So we try to vary them
 13 year to year, and so once there is a decision
 14 on what the topics are going to be. If there
 15 is a topic that is supported by my service
 16 area, I would either help write that up or ask
 17 a staff member to do some analysis or some
 18 write-up of that to support that content.
 19 Q. What are examples of topics that
 20 you have provided input, either writing or
 21 research support, for the Board of Health
 22 annual reports?
 23 A. So it would be information on our
 24 communicable disease program, our emergency
 25 preparedness program, if we were highlighting

<p style="text-align: right;">Page 86</p> <p>1 infant mortality. So the different analysts 2 provide topical support for our different 3 programs, so it's hard to say in any given 4 year, but those are just some examples that 5 come to mind. 6 - - - - - 7 (Thereupon, Deposition Exhibit 3, 8 Cuyahoga County Board of Health 2010 9 Annual Report, was marked for 10 purposes of identification.) 11 - - - - - 12 Q. Showing you what's been marked as 13 Exhibit 3 to your deposition. This is a 14 document titled "Cuyahoga County Board of 15 Health 2010 Annual Report." This is taken from 16 the Cuyahoga County Board of Health website, so 17 it is publicly available and not Bates-stamped. 18 Have you seen this document before? 19 A. Yes. It's been a while. 20 Q. What is this document? 21 A. This is our 2010 Cuyahoga County 22 Board of Health Annual Report. 23 Q. And have you read this document 24 before? 25 A. Cover to cover, I cannot recall at</p>	<p style="text-align: right;">Page 88</p> <p>1 where it talks about Operation Medicine 2 Cabinet, where that was an effort where we 3 helped to try to safely recall unused 4 medications from the community. And so that -- 5 that's really my recollection of -- of the 6 information from that time period. 7 Q. Okay. So you say the "Operation: 8 Medicine Cabinet" was a program through which 9 the Cuyahoga County Board of Health helped to 10 dispose of unused medications; is that right? 11 A. I don't know if it was our specific 12 program. I was not, again, directly involved 13 in -- in this area. I just know that our 14 community -- I mean, our agency helped with 15 this effort. There were free-standing areas 16 throughout the community where people could 17 come and bring that, and then they would make 18 arrangements to have it safely disposed of. 19 Q. And was Operation Medicine Cabinet, 20 did it gather unused opioids? 21 A. I don't know what type of 22 medication was being brought to them. 23 Q. Turning back to that top paragraph 24 that I was asking you about, when it references 25 an increase in prescription drug abuse and</p>
<p style="text-align: right;">Page 87</p> <p>1 this time. 2 Q. I understand. It was a long time 3 ago. 4 If you could please turn to page 9 5 of this document. There's a heading here that 6 says, "Unintentional Prescription Drug 7 Poisonings and Unused Medication." And it 8 says -- if you look at that top paragraph, it 9 says, "According to the Ohio Department of 10 Health, recent statistics show an alarming 11 trend in Ohio in increase in prescription drug 12 abuse and overdose. A new education and 13 awareness campaign was recently launched by ODH 14 to stop this trend." And then it says that 15 campaign is called "Prescription for 16 Prevention: Stop the Epidemic." 17 Do you see that? 18 A. I do. 19 Q. Were you aware, in 2010, of the 20 "Prescription for Prevention: Stop the 21 Epidemic" program? 22 A. I'd have to look into more on what 23 that specific program does. The -- the only 24 thing that I recall from this time frame is 25 more on the -- towards the end of that page</p>	<p style="text-align: right;">Page 89</p> <p>1 overdose, do you understand that to be 2 referencing the opioid epidemic? 3 MR. McMONAGLE: Objection. 4 A. I don't know if it was specifically 5 referencing the opioid epidemic. 6 Q. Do you recall, sitting here today, 7 whether you were aware, in 2010, that there was 8 a problem in Cuyahoga County related to opioid 9 use? 10 MR. MASON: Objection. 11 A. That was so long ago; I don't know. 12 Q. If you look at the first bullet 13 point under this list of bullet points under 14 the top paragraph, it says, "In 2007, 15 unintentional drug poisoning became the leading 16 cause of injury/death in Ohio, surpassing motor 17 vehicle crashes and suicides for the first time 18 on record." 19 Do you see that? 20 A. I do. 21 Q. Were you aware of that in 2010? 22 MR. McMONAGLE: Objection. 23 A. I don't know. 24 Q. If you look right under this list 25 of bullet points, it says, "Cuyahoga County is</p>

<p style="text-align: right;">Page 90</p> <p>1 one of the top five counties in Ohio for 2 reported prescription drug overdoses. In order 3 to increase efforts to combat this growing 4 public health program, the Cuyahoga County 5 Prescription for Prevention coalition was 6 formed in June 2010, with a goal of decreasing 7 the number of deaths due to misuse of 8 prescription medications and increasing 9 awareness among those at highest risk." 10 Do you recall being aware, in 2010, 11 that Cuyahoga County was one of the top five 12 counties in Ohio for reported prescription drug 13 overdoses? 14 MR. McMONAGLE: Objection. 15 A. I don't know. 16 Q. And I believe I asked you some 17 questions earlier about when the Cuyahoga 18 County Opiate Task Force was formed. 19 Do you recall anything about the 20 task force or predecessors in the 2010 time 21 frame? 22 A. I don't know. 23 MS. JASIEWICZ: I understand that 24 the videographer needs to change the tape, so 25 we'll take a short break to do that.</p>	<p style="text-align: right;">Page 92</p> <p>1 Terry Allan on March 12th -- 21st, 2012. 2 Do you see that? 3 A. Yes. 4 Q. Do you recall receiving this e-mail 5 in 2012? 6 A. No. 7 Q. If you look at the body of the 8 e-mail here, it's an e-mail from Hugh Shannon 9 to someone named Nicole Dailey Jones. 10 Who is Hugh Shannon? 11 A. Hugh Shannon, I don't know what he 12 was doing at that time frame, but he works in 13 the administrative portion at the medical 14 examiner's office. I don't know exact -- his 15 exact title. Oh, administrator. There you go. 16 It's on the bottom. 17 Q. So here, this is an e-mail from 18 Hugh Shannon in the medical examiner's office 19 and it's being forwarded to you; is that right? 20 A. It's being forwarded to our entire 21 management team. 22 Q. Okay. When you say "our entire 23 management team," that's the entire management 24 team of the Cuyahoga County Board of Health; is 25 that right?</p>
<p style="text-align: right;">Page 91</p> <p>1 THE VIDEOGRAPHER: We're going off 2 the record. End of Tape No. 1. The time is 3 3:25. 4 (Off the record.) 5 - - - - - 6 (Thereupon, Deposition Exhibit 4, 7 3/21/2012 E-Mail Chain Re: 2011 8 Preliminary Statistical Report - 9 Medical Examiner-Ruled Heroin 10 Related Deaths, with Attachment, 11 CUYAH_014335592 to 014335599, was 12 marked for purposes of 13 identification.) 14 - - - - - 15 THE VIDEOGRAPHER: We're back on 16 the record. This is the beginning of Media 17 No. 2. The time is 3:27. 18 Q. I'm showing you what's been marked 19 as Exhibit 4 to your deposition. This is a 20 document bearing the Bates stamp CUYAH_014335592 21 through 599. 22 This is -- this document is an 23 e-mail chain followed by an attachment to an 24 e-mail. And you see at the top that the bottom 25 e-mail here was forwarded to you and others by</p>	<p style="text-align: right;">Page 93</p> <p>1 A. Yes. 2 Q. And as the director of the ESI 3 service area, you are a member of the 4 management team of the Board of Health? 5 A. Yes. 6 Q. If you look at the body of this 7 e-mail, if you look at the bottom two 8 paragraphs, Hugh Shannon references talking 9 points about drug overdose deaths, 2010 data, 10 which he says he is attaching to the e-mail. 11 And then he says, "The big story is 12 large increase in heroin-related deaths, big 13 increases in use by women. Incidents in 14 suburban communities is up 167 percent over the 15 past five years." 16 Do you see that? 17 A. Yes. 18 Q. Are you familiar with the increase 19 in heroin-related deaths that Mr. Shannon is 20 referring to here? 21 A. I don't recall. 22 Q. Has there been an increase in 23 heroin-related deaths in Cuyahoga County since, 24 let's just say, 2010? 25 A. Yes.</p>

<p style="text-align: right;">Page 94</p> <p>1 Q. Has that increase continued up 2 until the present? 3 A. I don't know. 4 Q. If you look at this attachment to 5 this e-mail, this is a report called "2010 Ohio 6 Drug Overdose Data General Findings." And if 7 you look at the second page of this report, on 8 the Bates-stamp page ending 594, do you see 9 Figure 2, "Proportion of Drug Overdoses Among 10 Ohio Residents Involving Selected Drugs"? 11 A. Yes. 12 Q. And this provides a breakdown of -- 13 by percentage, of drug overdoses among Ohio 14 residents, what percentage of those overdoses 15 involved particular drugs; do you see that? 16 A. Yes. 17 Q. And it says 45 percent involved 18 prescription opioids. It also says 22 percent 19 involved heroin. Do you see that? 20 A. Yes. 21 Q. So in 2010 there's a higher 22 proportion of drug overdoses in Ohio involving 23 prescription opioids than heroin; is that 24 right? 25 A. Yes.</p>	<p style="text-align: right;">Page 96</p> <p>1 problem with heroin, in particular, in Cuyahoga 2 County has gotten better or worse since 2010? 3 A. I don't know. 4 Q. Do you have a sense of whether the 5 problem with prescription opioids in Cuyahoga 6 County has gotten better or worse since 2010? 7 A. I don't know. 8 - - - - 9 (Thereupon, Deposition Exhibit 5, 10 4/18/2014 E-Mail Chain Re: 2012 Drug 11 Overdose Data, with Attachment, 12 CUYAH_014178254 to 014178261, was 13 marked for purposes of 14 identification.) 15 - - - - 16 Q. I'm showing you what's been marked 17 as Exhibit 5 to your deposition. This is a 18 document bearing the Bates stamp CUYAH_014178254 19 through 261. 20 So this is another e-mail chain 21 that has a document attached to it, although 22 the document that is attached to it is also 23 copied in the e-mail chain. 24 So the -- the bottom e-mail in the 25 chain here is from Melanie Amato at the Ohio</p>
<p style="text-align: right;">Page 95</p> <p>1 Q. Is that still the case today? 2 A. I don't know. 3 Q. In your role providing data support 4 for the task force, do you recall seeing any 5 data about the relative proportions of drug 6 overdoses for prescription opioids versus 7 heroin? 8 A. In the EpiCenter data, we try to 9 categorize amongst a handful of categories. 10 What those categories are, I cannot recall at 11 this time. 12 Q. Okay. We'll look at some of those 13 a little later on. Spoiler alert. 14 Do you have a general sense, 15 sitting here today, of whether the problem with 16 opioid abuse in Cuyahoga County has gotten 17 better or worse since 2010? 18 A. Can you say that one more time for 19 me? 20 Q. Sure. Do you have a general sense, 21 sitting here today, of whether the problem with 22 opioid abuse in Cuyahoga County has gotten 23 better or worse since 2010? 24 A. Worse. 25 Q. Do you have a sense of whether the</p>	<p style="text-align: right;">Page 97</p> <p>1 Department of Health, and it's to you dated 2 April 18, 2014. 3 Do you see that? 4 A. Yes. 5 Q. And this is a news release from the 6 Ohio Department of Health with the title 7 "Prescription Painkiller Deaths Drop for First 8 Time in Decade. Increase in Deaths from Heroin 9 Reinforce Need for Ongoing Efforts." 10 Do you see that? 11 A. Yes, I do. 12 Q. And you received this news release 13 from the Ohio Department of Health, and you 14 forwarded it along to Vince Caraffi and Allison 15 Leppla; is that right? 16 A. Yes. 17 Q. Why were you forwarding them this 18 news release? 19 A. So Melanie Amato is part of the 20 public information staff at the Ohio Department 21 of Health, and because I also play a role in 22 that for our agency, I am on some -- I was on a 23 distribution, so I'm not the only one who 24 received this from Melanie. She sent it out 25 statewide. And because I didn't know if</p>

<p style="text-align: right;">Page 98</p> <p>1 Allison or Vince received it through their 2 communication chains through their work in the 3 injury prevention program, I felt it was 4 important that I forward that along to them. 5 Q. And if you look at the text of the 6 news release, the first paragraph says, "Ohio's 7 efforts to combat the abuse of prescription 8 painkillers are paying off. New data released 9 today by the Ohio Department of Health show 10 that the number of deaths from unintended 11 overdoses, prescription opiates, declined in 12 2012 for the first time since 2003. At the 13 same time, however, information also shows an 14 alarming increase in the number of deaths from 15 overdoses of illegal opiates such as heroin." 16 So this news release is identifying 17 a trend where prescription painkiller deaths 18 are down, but overdoses from illegal opiates 19 are up; is that right? 20 A. Yes. 21 Q. And based on the data that you have 22 tracked in your role as director of the ESI 23 service area, is your impression that that 24 trend has continued? 25 MR. McMONAGLE: Objection.</p>	<p style="text-align: right;">Page 100</p> <p>1 involved in our injury prevention program. I 2 mean, as a part of my role, I'm consultant -- 3 I'm consulted about research thoughts that our 4 staff have, but I'm not recalling any specific 5 to this. 6 - - - - - 7 (Thereupon, Deposition Exhibit 6, 8 7/31/2013 E-Mail from Vince Caraffi 9 Re: Emailing: Heroin and 10 Prescription Medications, with 11 Attachment, CUYAH_014369573 to 12 014369574, was marked for purposes 13 of identification.) 14 - - - - - 15 Q. I'm showing you what's been marked 16 as Exhibit 6 to your deposition. This is 17 document bearing the Bates stamp CUYAH_014369573 18 through 577. 19 So this is another e-mail that has 20 attachments to it. And I believe that there 21 are two attachments. One of them there's a 22 slip sheet saying it was produced natively, and 23 so that attachment does not have page numbers 24 on it. 25 If you look at the front page of</p>
<p style="text-align: right;">Page 99</p> <p>1 A. I would have to look at the more 2 current data to be able to answer that 3 question. 4 Q. So you just don't have a -- 5 A. I don't -- I don't -- 6 Q. -- sense, sitting here today, of 7 how the trend has gone at an overall level as 8 opposed to looking at specific data sets? 9 A. I would just feel I'd be able to 10 answer the question better if I had the data. 11 Q. Okay. Has the Cuyahoga County 12 Board of Health ever done any research into the 13 causes of the opioid problem in Cuyahoga 14 County? 15 A. I don't know. 16 Q. Have you personally ever done any 17 research into the causes of the opioid problem 18 in Cuyahoga County? 19 A. I don't recall. 20 Q. Do you know who at the Board of 21 Health would be knowledgeable about any 22 research the board has or has not done about 23 the causes of the opioid problem in Cuyahoga 24 County? 25 A. I mean, I would think people</p>	<p style="text-align: right;">Page 101</p> <p>1 the e-mail, this is an e-mail from Vince 2 Caraffi to you, Terry Allan, and two others at 3 the Cuyahoga County Board of Health. 4 Do you see that? 5 A. Yes. 6 Q. And this e-mail is dated July 31, 7 2013; is that right? 8 A. Yes. 9 Q. So Vince Caraffi is talking here 10 about a September meeting, if you look at the 11 second paragraph here. It says, "The September 12 meeting is going to be focused on planning for 13 our 2014 goals/objectives." 14 Do you know what meeting he is 15 talking about there? 16 A. No. 17 Q. He goes on to say, "A consistent 18 theme among local coalition members and across 19 the state is focusing our energy on changing 20 prescribing practices and identifying resources 21 for treatment." 22 He says, "Current prescribing 23 practices continue to be one of the main 24 contributing factors to the problem, and the 25 tools created to help OARRS prescribing</p>

<p style="text-align: right;">Page 102</p> <p>1 guidelines, screening tools, physicians, are 2 not being used. Press Ganey scores, customer 3 satisfaction surveys, direct-to-consumer 4 marketing, and a pill-for-everything culture 5 continues to be the driving force behind this 6 epidemic." 7 So Vince Caraffi here is 8 identifying some driving forces behind the 9 opioid epidemic; is that right? 10 MR. McMONAGLE: Objection. 11 A. I don't know what the intent is 12 with Vince's communication. It would be best 13 to -- to ask him. 14 Q. Do you agree with Vince Caraffi 15 that these factors that he identifies here are 16 driving factors behind the opioid epidemic? 17 A. I don't know. 18 Q. Would you defer to Vince Caraffi on 19 that? 20 A. Yes, I would. 21 (Telephonic interruption.) 22 MS. FEINSTEIN: Folks on the phone, 23 can you please make sure that you're on mute? 24 Thank you. 25 Q. If you could turn to the first</p>	<p style="text-align: right;">Page 104</p> <p>1 A. It is one of the weakest sources of 2 information in trying to establish causality. 3 Q. Looking at the next page of this 4 PowerPoint, the heading is still "Heroin 5 Epidemic," and there's a bullet point here 6 related to the Ohio Automated Prescription 7 Reporting System, or OARRS. 8 Is that the database that we were 9 talking about earlier today, the OARRS 10 database? 11 A. I didn't know what OARRS stood for 12 spelled out, so if this is what it is, then 13 yes. 14 Q. Yes. 15 A. If it's something different, then 16 no. 17 Q. Okay. And you mentioned before 18 that you don't have access to OARRS? 19 A. No. 20 Q. Are you aware of whether the OARRS 21 database includes patients' complete medical 22 histories? 23 A. I don't -- I don't know. I know 24 very little about what the content of what's 25 inside of OARRS. I thought I had indicated</p>
<p style="text-align: right;">Page 103</p> <p>1 attachment here, right after the slip sheet 2 that says, "This document produced natively." 3 This attachment is a PowerPoint 4 presentation titled "Heroin and Prescription 5 Medications," by Thomas Gilson, M.D., Medical 6 Examiner. 7 Do you see that? 8 A. Yes, I do. 9 Q. Is Thomas Gilson the medical 10 examiner for Cuyahoga County? 11 A. Yes, he is. 12 Q. If you look at the first page of 13 this PowerPoint presentation, there's a heading 14 that says "Heroin Epidemic." And the third 15 bullet point here says, "Anecdotal reporting of 16 prescription narcotic addicts transitioning to 17 heroin." 18 Do you see that? 19 A. Yes. 20 Q. And you are trained as an 21 epidemiologist, right? 22 A. Yes. 23 Q. In your field is anecdotal 24 reporting sufficient to establish a cause of an 25 epidemic?</p>	<p style="text-align: right;">Page 105</p> <p>1 that earlier. 2 Q. Do you know whether the OARRS 3 database includes information about patients' 4 substance abuse histories? 5 A. I don't know. 6 Q. Okay. You can set that document 7 aside. 8 - - - - - 9 (Thereupon, Deposition Exhibit 7, 10 Cuyahoga County Opiate Task Force 11 Report 2016, CUYAH_014194735 to 12 014194747, was marked for purposes 13 of identification.) 14 - - - - - 15 Q. I'm showing you what's been marked 16 as Exhibit 7 to your deposition. This is a 17 document Bates-stamped CUYAH_014194735 through 18 747. 19 Have you seen this document before? 20 A. Yes. 21 Q. What is this document? 22 A. This is a report from the Opiate 23 Task Force. 24 Q. And it's dated 2016; is that right? 25 A. Correct.</p>

<p style="text-align: right;">Page 106</p> <p>1 Q. I believe you mentioned earlier 2 that you have sometimes provided information 3 for Opiate Task Force reports? 4 A. Correct. 5 Q. Did you provide information for 6 this particular report? 7 A. Yes. 8 Q. And what information did you 9 provide for this report? 10 A. In this report there's a section on 11 EpiCenter. 12 Q. So that is on the page ending 743; 13 is that right? 14 A. Correct. 15 Q. And the section that you're 16 referring to has the heading "EpiCenter Data 17 Briefs"; is that right? 18 A. Correct. 19 Q. And what information did you 20 provide here? 21 A. I can't really read the -- the 22 graph. 23 Q. Yeah, it's very tiny. I apologize 24 for that. It says "Cuyahoga County 25 Heroin-Related Overdose Deaths 2007 to 2016."</p>	<p style="text-align: right;">Page 108</p> <p>1 related to EpiCenter data briefs, and it 2 mentions you working in conjunction with 3 Dr. Erica Stovsky; is that right? And you said 4 that Dr. Stovsky is a preventative medicine 5 resident at Case Western Reserve; is that 6 right? 7 A. Yeah, she's graduated from the 8 program, but, yes. 9 Q. Okay. So at the time that you were 10 doing this EpiCenter work with her, she was a 11 resident; is that right? 12 A. Yes. Sorry. 13 Q. You've been doing a great job. 14 Do you recall for how long you were 15 working with Dr. Stovsky on these EpiCenter 16 data briefs? 17 A. No. 18 Q. This is the 2016 report, so is it 19 fair to say it was in the 2016 time frame? 20 A. '16 or '17, because there's 21 sometimes a lag. 22 Q. Sure. 23 A. When we label a report, one year 24 is, like, is that the year it was put out, or 25 is that the year that represents some data in</p>
<p style="text-align: right;">Page 107</p> <p>1 And then under that it says, "Projected deaths 2 with DAWN saves and fentanyl as overdose 3 deaths." 4 A. Yeah. So my only involvement in 5 this particular piece would be that task force 6 was trying to describe the type of work that we 7 were doing with the EpiCenter data, because 8 this -- this doesn't even look like data that 9 is coming from EpiCenter. 10 Like, I do not recall this 11 particular graph, although it's really hard 12 to -- to read. 13 But I worked with, you'll see 14 there, Dr. Erica Stovsky from -- from Case 15 Western. She was a preventative medicine 16 resident, and she was helping us put together 17 reports and working with the EpiCenter data. 18 Q. Okay. So you don't remember this 19 particular graph, and you're not sure what the 20 source of data in it is. 21 And I'll confess it's also too 22 small for me to read. 23 A. I can't read it. 24 Q. But setting aside that tiny, tiny 25 graph, there's a description here of work</p>	<p style="text-align: right;">Page 109</p> <p>1 it? That's -- that's hard to distinguish -- 2 Q. Okay. 3 A. -- sometimes. 4 Q. So in the 2016-'17 time frame -- 5 A. Correct. 6 Q. -- you were involved with 7 Dr. Stovsky in putting together EpiCenter data 8 briefs related to the opioid crisis; is that 9 right? 10 A. Correct. 11 Q. And if you look at the paragraph 12 just above the one that mentions Dr. Stovsky, 13 so the second paragraph here, it says, "With 14 guidance from the ODH, CCBH adopted a plan that 15 will allow for epidemiologic investigation to 16 confirm increases in drug overdose ER visits 17 and ultimately mobilize key community partners 18 and resources to mitigate the circumstances and 19 prevent additional fatalities." 20 A. Correct. 21 Q. So the plan being referenced there, 22 that plan involved looking at EpiCenter data, 23 right? 24 A. It -- that's part of the community 25 action plan.</p>

<p style="text-align: right;">Page 110</p> <p>1 Q. Okay. What is the community action 2 plan?</p> <p>3 A. It's a document that the injury 4 prevention program uses. I don't know the 5 totality of that plan. I just know the -- this 6 little paragraph that you just asked me ties to 7 parts of that plan.</p> <p>8 Q. Okay. So the community action 9 plan -- that's the plan that's being referred 10 to here -- that will allow for epidemiologic 11 investigation to confirm increases in drug 12 overdose ER visits?</p> <p>13 A. The investigation portion is just a 14 small part of the plan, and what that's 15 referencing is the use of the EpiCenter data.</p> <p>16 Q. Okay. So the community action plan 17 includes, among other things, this plan to 18 track EpiCenter data; is that right?</p> <p>19 A. To -- to use it. So this -- this 20 particular reference is more so what I'm just 21 describing to you before about looking at 22 alerts out of EpiCenter, that's really more 23 what this is referencing. Not that regular 24 routine publication of the information, but 25 that ad hoc, when the system alerts, that's the</p>	<p style="text-align: right;">Page 112</p> <p>1 contributing factors to the opioid epidemic?</p> <p>2 A. Yes.</p> <p>3 Q. Are you aware of any other 4 contributing factors to the opioid epidemic?</p> <p>5 MR. McMONAGLE: Objection.</p> <p>6 A. I don't know.</p> <p>7 - - - - -</p> <p>8 (Thereupon, Deposition Exhibit 8, 9 3/22/2016 E-Mail Chain Re: CDC 10 EpiAid Report News Release, with 11 Attachment, CUYAH_014194961 to 12 014194965, was marked for purposes 13 of identification.)</p> <p>14 - - - - -</p> <p>15 Q. Showing you what's been marked as 16 Exhibit 8 to your deposition. This is a 17 document bearing the Bates stamp CUYAH_014194961 18 through 965.</p> <p>19 This is similar to one of the 20 documents we looked at before because it's an 21 e-mail from Melanie Amato at the Ohio 22 Department of Health, including a news release, 23 and then you forward that news release on to 24 Vince Caraffi and Allison Leppla.</p> <p>25 Do you see that?</p>
<p style="text-align: right;">Page 111</p> <p>1 type of investigations that's being referenced 2 in this paragraph.</p> <p>3 Q. Got it.</p> <p>4 If you could turn back in this 5 document to the first page of the document 6 after the cover. So it's the page ending in 7 736. And on the right-hand side of the page, 8 it says, "Overview of local drug-related 9 deaths," and there's a section at the bottom 10 that says, "How did this happen?"</p> <p>11 Do you see that?</p> <p>12 A. Yes.</p> <p>13 Q. That section says, "There are 14 several contributing factors that led to this 15 epidemic." And it references changes made to 16 clinic pain management guidelines during the 17 late 1990s: Marketing medications directly to 18 the consumer, overprescribing of high potency 19 pain medication, HCAHPS Press Ganey scores, 20 abuse-deterrent formulations of medications 21 that may have inadvertently shifted abuse 22 toward heroin, mass incarceration for 23 non-violent drug-related crimes, lack of 24 treatment availability, and stigma.</p> <p>25 Do you agree that those are</p>	<p style="text-align: right;">Page 113</p> <p>1 A. Yes.</p> <p>2 Q. This is a news release from March 3 22, 2016, and the title is, "CDC Issues Report 4 on Ohio Visit Examining Increase in 5 Fentanyl-Related Drug Overdose Deaths."</p> <p>6 Is that right?</p> <p>7 A. Yes.</p> <p>8 Q. Are you familiar with the increase 9 in fentanyl-related drug overdose deaths that's 10 being referenced here?</p> <p>11 A. A general awareness of it.</p> <p>12 Q. And are you aware of whether this 13 trend of an increase in fentanyl-related drug 14 overdose deaths has continued since 2016?</p> <p>15 A. Again, I would have to look at the 16 data.</p> <p>17 MS. JASIEWICZ: Can we take a 18 five-minute break?</p> <p>19 MR. MASON: Yeah.</p> <p>20 THE VIDEOGRAPHER: We're going off 21 the record. The time is 3:58 p.m. 22 (A recess was taken.)</p> <p>23 THE VIDEOGRAPHER: We're now back 24 on the record. The time is 4:22 p.m.</p> <p>25 - - - - -</p>

<p style="text-align: right;">Page 114</p> <p>1 (Thereupon, Deposition Exhibit 9, 2 Cuyahoga County Opiate Task Force 3 Report 2016, CLEVE_001483681 to 4 001483704, was marked for purposes 5 of identification.) 6 - - - - - 7 BY MS. JASIEWICZ: 8 Q. Mr. Kippes, do you still have 9 Exhibit 7 in front of you? 10 A. Yes. 11 Q. And that's the document that we 12 were looking at before with the Bates stamp 13 CUYAH_014194735 on the first page. That was 14 the 2016 Cuyahoga County Opiate Task Force 15 report; is that right? 16 A. Yes. 17 Q. I'm now showing you what's been 18 marked as Exhibit 9 to your deposition. This 19 is a document bearing the Bates stamp 20 CLEVE_001483681 through 704. 21 And do you see that this is a 22 different version of the same 2016 Cuyahoga 23 County Opiate Task Force report? 24 A. It looks like the layout is 25 different.</p>	<p style="text-align: right;">Page 116</p> <p>1 Month and Select Prescription and Illicit 2 Drugs." 3 Do you see that? 4 A. Yes. 5 Q. Is this graph based on EpiCenter 6 data? 7 A. Yes. 8 Q. And this references "select 9 prescription and illicit drugs." Do you know 10 what that term is referencing here? 11 A. Yes. 12 Q. What is it referencing? 13 A. So when we started working with the 14 EpiCenter data, we had to try to find a way to 15 call out the free text from the system to begin 16 to categorize it into groups that were 17 applicable to the injury prevention work. 18 And so what -- what that is 19 referencing is that I had worked with 20 Dr. Stovsky on some of that coding, and so what 21 you see there is the results of that -- that 22 coding process to try to create those 23 categories. 24 Q. Okay. So to make sure that I'm 25 understanding this correctly, you said that you</p>
<p style="text-align: right;">Page 115</p> <p>1 Q. Yeah. So if you can turn in 2 Exhibit 7 to the page ending 743. That's the 3 page we were looking at before with the 4 teeny-tiny graph. And in Exhibit 9, if you can 5 turn to the page ending 699. 6 So both of these pages on Exhibit 7 7 and Exhibit 9 have a heading that says 8 "EpiCenter Data Briefs." But the graph next to 9 that EpiCenter Data Briefs write-up is 10 different in the version on Exhibit 9. 11 Do you see that? 12 A. Yes. 13 Q. Do you happen to know, looking at 14 these two documents today, if one of these 15 versions was the final version of the task 16 force report? 17 A. I do not know. 18 Q. Okay. You mentioned that the graph 19 that we had looked at in Exhibit 7 that said, 20 "Cuyahoga County heroin-related overdose deaths 21 2007 to 2016," you didn't think that that was 22 based on EpiCenter data; is that right? 23 A. Correct. 24 Q. The graph on Exhibit 9 has the 25 title "Number of Drug-Related ER Visits by</p>	<p style="text-align: right;">Page 117</p> <p>1 had to code based on free text in the system, 2 the EpiCenter system, to be able to categorize 3 drug-related events; is that right? 4 A. Yes. It's basically -- you may 5 recall earlier I described to you that 6 EpiCenter created that classifier called 7 "drugs." Well, we had to drill down another 8 layer to work with that information. That 9 drilling down is what I described just a second 10 ago about working with that free text to create 11 additional categories, because the "drugs" 12 classifier was capturing too much information 13 that was maybe not as applicable to the -- the 14 injury prevention work. 15 Q. When you say "free text," what do 16 you mean by that? 17 A. What that is, is when I describe to 18 you about EpiCenter and how it works off of 19 chief complaints, it's literally what the 20 registrar in the ERs is typing out the person 21 is saying they're there for. 22 Q. So a person shows up at the ER and 23 says -- or somebody brings their friend to the 24 ER and says, "My friend took too much 25 heroin" --</p>

<p style="text-align: right;">Page 118</p> <p>1 A. Correct.</p> <p>2 Q. -- and they're overdosing, and then</p> <p>3 that gets recorded -- "my friend took too much</p> <p>4 heroin" gets recorded in the EpiCenter system;</p> <p>5 is that right?</p> <p>6 A. That is correct.</p> <p>7 Q. So what you and Dr. Stovsky did was</p> <p>8 go through the reports in the classifier called</p> <p>9 "drugs" in EpiCenter and read those free-text</p> <p>10 descriptions of what people were there for and</p> <p>11 categorize them further into different drugs;</p> <p>12 is that right?</p> <p>13 A. It's not exactly.</p> <p>14 Q. Okay.</p> <p>15 A. The -- the distinction is that we</p> <p>16 didn't read every single line in all of the</p> <p>17 records. What Dr. Stovsky and I did is she</p> <p>18 helped me identify keywords or phrases that</p> <p>19 would be associated with the issue and would be</p> <p>20 ones that the code would search, then, all</p> <p>21 those free texts to try to identify and label</p> <p>22 the records into the categories of interest.</p> <p>23 Q. What were some of those keywords or</p> <p>24 phrases?</p> <p>25 A. Heroin, opioid, benzo, cocaine.</p>	<p style="text-align: right;">Page 120</p> <p>1 then I worked with Dr. Stovsky to create those</p> <p>2 categories.</p> <p>3 Those categories that they were</p> <p>4 interested in make up the select prescription,</p> <p>5 meaning the non-illicit ones that we were</p> <p>6 searching for, because there was Dilaudid and</p> <p>7 some of these other ones that I recall</p> <p>8 Dr. Stovsky saying were part of -- of the</p> <p>9 general opioid group. And so that's why we</p> <p>10 have it labeled as "Select Prescription and</p> <p>11 Illicit."</p> <p>12 Q. Okay. So that "select prescription</p> <p>13 and illicit drugs" is the list of drugs that</p> <p>14 the injury prevention folks said that they were</p> <p>15 particularly interested in?</p> <p>16 A. Correct.</p> <p>17 Q. And those included heroin, opioid,</p> <p>18 benzodiazepines, and cocaine; is that right?</p> <p>19 A. Correct.</p> <p>20 Q. So looking back at this graph here</p> <p>21 on the page ending 699, this graph is a stacked</p> <p>22 bar graph with red and blue, and on the</p> <p>23 left-hand axis, it says, "Number of</p> <p>24 Drug-Related ER Visits," and then it's broken</p> <p>25 down by month, and those months are broken</p>
<p style="text-align: right;">Page 119</p> <p>1 There are others, but I don't recall them at</p> <p>2 this time.</p> <p>3 Q. You referenced "benzo." What is</p> <p>4 that referring to?</p> <p>5 A. Benzodiazepine.</p> <p>6 Q. And what are benzodiazepines?</p> <p>7 A. I don't know specifically what they</p> <p>8 are. I just know that it was an important term</p> <p>9 that was assoc- -- associated with the opioid</p> <p>10 work.</p> <p>11 Q. Are benzodiazepines opioids?</p> <p>12 A. I don't know.</p> <p>13 Q. You also referenced cocaine. Is</p> <p>14 cocaine an opioid?</p> <p>15 A. I'm not recalling what</p> <p>16 classification.</p> <p>17 Q. So turning back to this graph here,</p> <p>18 where it says, "Select Prescription and Illicit</p> <p>19 Drugs," what drugs are in the category "Select</p> <p>20 Prescription and Illicit Drugs" here?</p> <p>21 A. So I thought we just answered this,</p> <p>22 so I will try again.</p> <p>23 There are specific groups that the</p> <p>24 injury prevention folks, Dr. Stovsky, said to</p> <p>25 me they were interested in knowing about, so</p>	<p style="text-align: right;">Page 121</p> <p>1 into, "Due to Select Prescription and Illicit</p> <p>2 Drugs," and, "Not Due to Select Prescription</p> <p>3 and Illicit Drug-Related Visits."</p> <p>4 So the red are events involving the</p> <p>5 drugs that the injury prevention folks said</p> <p>6 they were particularly interested in; is that</p> <p>7 right?</p> <p>8 A. Yes.</p> <p>9 Q. And then the blue are events that</p> <p>10 come under the classifier "drugs" in EpiCenter</p> <p>11 that do not involve heroin, opioids,</p> <p>12 benzodiazepines, cocaine, or any of the other</p> <p>13 drugs that were on the list of drugs that the</p> <p>14 injury prevention folks were particularly</p> <p>15 interested in?</p> <p>16 A. Correct.</p> <p>17 Q. And the red portion here is</p> <p>18 consistently much smaller than the blue</p> <p>19 portion; is that right?</p> <p>20 A. Correct.</p> <p>21 Q. So that means that there were more</p> <p>22 drug-related events in EpiCenter having to do</p> <p>23 with other drugs, or not having to do with</p> <p>24 these particular drugs, that the injury</p> <p>25 prevention folks said they wanted to track?</p>

<p style="text-align: right;">Page 122</p> <p>1 A. Correct.</p> <p>2 Q. Do you have a document that</p> <p>3 includes the list of keywords suggested by</p> <p>4 Dr. Stovsky for this project?</p> <p>5 A. The -- with me? Or --</p> <p>6 Q. Do you --</p> <p>7 A. That could be interesting.</p> <p>8 Q. Do you have access to a document</p> <p>9 that includes that list?</p> <p>10 A. Yes.</p> <p>11 Q. And where would that document be?</p> <p>12 Would it be in your e-mail? In your computer</p> <p>13 files?</p> <p>14 A. No. It's -- it would be in the</p> <p>15 code. So I wrote the code in a statistical</p> <p>16 software called SPSS. There is something</p> <p>17 called a syntax file where the computer code</p> <p>18 is, and so it would be in my syntax file that I</p> <p>19 used to run the data through.</p> <p>20 Q. Okay. So you have a program in</p> <p>21 SPSS for running this data, and the syntax file</p> <p>22 of that program would include the list of</p> <p>23 keywords that you're searching for; is that</p> <p>24 right?</p> <p>25 A. It's words and chunks of words, so</p>	<p style="text-align: right;">Page 124</p> <p>1 Q. Okay. When you say "back then,"</p> <p>2 what time period are you referring to?</p> <p>3 A. I don't know -- well, definitely</p> <p>4 when I created this particular report --</p> <p>5 Q. Okay.</p> <p>6 A. -- that we're looking at in this</p> <p>7 graph.</p> <p>8 Q. And this was in the 2016 to 2017</p> <p>9 time frame; is that right?</p> <p>10 A. Yes.</p> <p>11 Q. You say that now there are</p> <p>12 subclassifiers under the "drugs" classifier; is</p> <p>13 that right?</p> <p>14 A. I don't know if it is directly</p> <p>15 under the "drugs" classifier or there are</p> <p>16 separate ones. The State has been working on</p> <p>17 refining the system. As I mentioned to you</p> <p>18 previously, the system has evolved over time.</p> <p>19 This is an example of that, where they have</p> <p>20 created these subclassifiers, as you just</p> <p>21 described, to help get a little bit more</p> <p>22 specificity on using the EpiCenter information.</p> <p>23 Q. What are the subclassifiers related</p> <p>24 to the "drugs" classifier?</p> <p>25 A. I don't recall them. They're --</p>
<p style="text-align: right;">Page 123</p> <p>1 it's --</p> <p>2 Q. Okay.</p> <p>3 A. -- fragmented words, not just the</p> <p>4 whole word, because we tried to capture</p> <p>5 misspellings and things of that nature.</p> <p>6 Q. And so that list of words and</p> <p>7 chunks of words would be located in the SPSS</p> <p>8 software, in a portion of that software --</p> <p>9 A. Correct.</p> <p>10 Q. -- is that right? Okay.</p> <p>11 Now, this relates to what we were</p> <p>12 just talking about, so bear with me a moment as</p> <p>13 I try to understand what exactly EpiCenter can</p> <p>14 and can't tell you. Okay?</p> <p>15 So you said that in EpiCenter,</p> <p>16 there are classifiers for different types of</p> <p>17 chief complaints; is that right?</p> <p>18 A. Yes.</p> <p>19 Q. And one of those classifiers is</p> <p>20 called "drugs." That's right?</p> <p>21 A. Correct.</p> <p>22 Q. Is there any subclassifier</p> <p>23 underneath the "drugs" classifier in the</p> <p>24 EpiCenter system?</p> <p>25 A. Now? Yes. Back then, no.</p>	<p style="text-align: right;">Page 125</p> <p>1 they're -- they're -- they're so new, and I</p> <p>2 don't recall at this point in time.</p> <p>3 Q. When you say "so new," when did</p> <p>4 these subclassifiers first become available?</p> <p>5 A. They started piloting them this --</p> <p>6 2018. So they're -- started developing those</p> <p>7 in 2018.</p> <p>8 Q. Can you recall approximately when</p> <p>9 in 2018?</p> <p>10 A. Maybe late spring into the summer.</p> <p>11 The state health department would</p> <p>12 be the best source of that information.</p> <p>13 Because, remember, they're the ones that</p> <p>14 administer the system.</p> <p>15 Q. So prior to the piloted</p> <p>16 subclassifiers in 2018, would data received</p> <p>17 from EpiCenter tell you whether any given</p> <p>18 overdose ER visit was opioid-related or not?</p> <p>19 A. Just with that free text. It's the</p> <p>20 whole reason why we had to develop that code to</p> <p>21 work with the free text to try to tease that</p> <p>22 out.</p> <p>23 Q. Based on the free text, could you</p> <p>24 tell in every instance whether any given</p> <p>25 overdose was opioid related or not?</p>

<p style="text-align: right;">Page 126</p> <p>1 A. It only could distinguish that 2 based on what the registrar recorded in those 3 free-text fields. 4 Q. So were there instances where the 5 registrar would, for instance, record that 6 there's an overdose, but not specify the drug 7 involved? 8 A. That is correct. 9 Q. Based on your review of the data, 10 would that happen frequently, that the free 11 text would not specify the particular drug 12 involved? 13 A. I can't recall. I'd have to look 14 at the data to be able to answer that question. 15 Q. You also described the way the 16 free-text system works, so it's whatever the 17 patient or the person bringing in the patient 18 describes as the problem. 19 If somebody were to say -- show up 20 in the ER and say, "I took benzodiazepines and 21 I fell down the stairs," would that hit on the 22 term "benzodiazepines" as a benzodiazepine- 23 related drug overdose in your analysis? 24 A. Yes. 25 Q. So in that instance, even if the</p>	<p style="text-align: right;">Page 128</p> <p>1 Q. And why is that difficult? 2 A. Because there's -- there's two 3 reasons. One is that we receive a grant from 4 the Ohio Department of Health. That's what the 5 CDC calls the cooperative agreement. And as 6 part of that we have to use EpiCenter. So it's 7 not necessarily specific to this use of 8 EpiCenter, if that makes sense. 9 Q. It does make sense. 10 A. But we -- the State started to ask 11 the locals to start using EpiCenter to help as 12 another data source to get on top of this 13 problem, which led to us starting to do the 14 work with the EpiCenter data for this 15 particular issue. 16 Q. So the Ohio Department of Health 17 injury prevention grant includes a requirement 18 to track EpiCenter data? 19 A. They -- they suggested that the 20 injury prevention folks work with the -- the 21 epis in the use of EpiCenter. 22 Q. So the epis, you're referring to 23 epidemiologists? 24 A. Yes, I'm sorry. That's a slang 25 term that we use as part of the -- that</p>
<p style="text-align: right;">Page 127</p> <p>1 patient is not specifying that they overdosed 2 on benzodiazepines, but that they had an injury 3 stemming from their use of benzodiazepines, 4 that would still be classified in your data as 5 an overdose related to benzodiazepines? 6 A. I think we should clarify. When 7 you say "overdose," remember that this data 8 we're talking about with respect to these 9 classifications and -- and groups doesn't 10 necessarily mean overdose. It's the ER visit 11 itself. 12 So I want to make sure I'm really 13 clear on that, that sometimes it's marked as 14 overdose; sometimes it isn't. But we're 15 talking about the ER visit itself. 16 Q. Okay. So the ER visit itself, the 17 chief complaint is somehow classified as 18 "drugs." That doesn't necessarily mean that 19 there's an overdose; is that right? 20 A. That is correct. 21 Q. Does the Cuyahoga County Board of 22 Health receive any funding to track drug event 23 data through EpiCenter? 24 A. That's a difficult question for me 25 to answer the way that you posed the question.</p>	<p style="text-align: right;">Page 129</p> <p>1 cooperative agreement grant. The -- the epi 2 position, we refer to as the epis. They're 3 mostly the -- the people that do the followup 4 on reportable diseases and -- and things of -- 5 of that nature and also work with data. 6 Q. Okay. 7 A. Can I add one more thing that I 8 didn't finish completing my answer on? And 9 that is, you asked about money we received. 10 Q. Yes. 11 A. We, this year, received additional 12 funding to work with some of those pilot 13 classifiers. 14 Q. And where does that additional 15 funding to work with the pilot classifiers come 16 from? 17 A. It came from the state health 18 department as well. 19 Q. And was that also part of the 20 injury prevention grant, or is it separate? 21 A. I'd have to answer both to that. 22 It was a separate project, but it came through 23 the injury prevention grant. 24 Q. Okay. Are you familiar with 25 MetroHealth?</p>

<p style="text-align: right;">Page 130</p> <p>1 A. Yes.</p> <p>2 Q. Does the Cuyahoga County Board of</p> <p>3 Health partner with MetroHealth to review</p> <p>4 EpiCenter data?</p> <p>5 A. To review EpiCenter -- well, Metro</p> <p>6 is one of the contributors to the EpiCenter</p> <p>7 system. So remember I had indicated to you</p> <p>8 that the EpiCenter gets chief complaint data</p> <p>9 from the local ERs?</p> <p>10 Q. Uh-huh.</p> <p>11 A. So Metro is one of those facilities</p> <p>12 that feed into EpiCenter.</p> <p>13 Q. Are you aware of any partnerships</p> <p>14 between the Cuyahoga County Board of Health and</p> <p>15 MetroHealth related to opioid use issues?</p> <p>16 A. Yes. I believe that Dr. Papp at</p> <p>17 Metro works with the task force and our injury</p> <p>18 prevention staff.</p> <p>19 Q. Do you know what Dr. Papp works on</p> <p>20 with the task force?</p> <p>21 A. I don't.</p> <p>22 Q. Are you familiar with anyone else</p> <p>23 from MetroHealth who partners with the task</p> <p>24 force or with the Board of Health on</p> <p>25 opioid-related issues?</p>	<p style="text-align: right;">Page 132</p> <p>1 Do you understand him to be</p> <p>2 referring to data on opiate prescriptions</p> <p>3 volume in the county?</p> <p>4 A. Yes.</p> <p>5 Q. You respond, "No, EpiCenter would</p> <p>6 not be the source for this question. Perhaps</p> <p>7 the state pharmacy board, where they likely are</p> <p>8 required to keep track of these types of</p> <p>9 prescriptions would be the better place."</p> <p>10 Did I read that correctly?</p> <p>11 A. Yes.</p> <p>12 Q. Am I understanding you correctly</p> <p>13 that EpiCenter does not include data on opiate</p> <p>14 prescriptions in terms of volume?</p> <p>15 A. Yes.</p> <p>16 Q. And you suggest that the state</p> <p>17 pharmacy board would be a better source for</p> <p>18 that type of data than EpiCenter?</p> <p>19 A. Yes.</p> <p>20 Q. Are you aware of any particular</p> <p>21 database or repository associated with the</p> <p>22 state pharmacy board that would include that</p> <p>23 kind of data?</p> <p>24 A. I don't know if -- the OARRS is the</p> <p>25 only thing that may be able to answer that</p>
<p style="text-align: right;">Page 131</p> <p>1 A. That's -- I don't know.</p> <p>2 - - - - -</p> <p>3 (Thereupon, Deposition Exhibit 10,</p> <p>4 10/13/2017 E-Mail Chain Between</p> <p>5 Terry Allan and Chris Kippes Re: Any</p> <p>6 Trend Data on Opiate Prescriptions</p> <p>7 Volume in the County?,</p> <p>8 CUYAH_0014273960, was marked for</p> <p>9 purposes of identification.)</p> <p>10 - - - - -</p> <p>11 Q. I'm showing you what I've marked as</p> <p>12 Exhibit 10 to your deposition. This is a</p> <p>13 document bearing the Bates stamp CUYAH_014273960.</p> <p>14 This is an e-mail exchange between</p> <p>15 you and Terry Allan, and the subject line is</p> <p>16 "Any trend data on opiate prescriptions volume</p> <p>17 in the county?"</p> <p>18 Do you see that?</p> <p>19 A. Yes.</p> <p>20 Q. And this is an e-mail exchange from</p> <p>21 October 2017; is that right?</p> <p>22 A. Yes.</p> <p>23 Q. And you see that Terry Allan asks</p> <p>24 you, "Does EpiCenter provide access to this</p> <p>25 data?"</p>	<p style="text-align: right;">Page 133</p> <p>1 question, but I don't know for certain because,</p> <p>2 again, I've never been inside of OARRS. I</p> <p>3 don't know all the data elements that are</p> <p>4 collected.</p> <p>5 Q. Okay. So you think OARRS might</p> <p>6 have data on opiate prescription volumes, but</p> <p>7 you're not exactly sure?</p> <p>8 A. I do not know.</p> <p>9 Q. Do you know of any other specific</p> <p>10 sources where you could find data on opiate</p> <p>11 prescription volume?</p> <p>12 A. I don't know any.</p> <p>13 Q. Okay.</p> <p>14 - - - - -</p> <p>15 (Thereupon, Deposition Exhibit 11,</p> <p>16 3/3/2016 E-Mail Chain Re: Drug</p> <p>17 Anomaly in Cuyahoga County, Ohio on</p> <p>18 March 2nd and 3rd, 2016,</p> <p>19 CUYAH_014238912 to 0014238914, was</p> <p>20 marked for purposes of</p> <p>21 identification.)</p> <p>22 - - - - -</p> <p>23 Q. I'm showing you what's been marked</p> <p>24 as Exhibit 11 to your deposition. This is a</p> <p>25 document bearing the Bates stamp CUYAH_014238912</p>

<p style="text-align: right;">Page 134</p> <p>1 through 914.</p> <p>2 And if you could turn to the second</p> <p>3 page here. So this is an e-mail chain, and the</p> <p>4 oldest e-mail is at the bottom.</p> <p>5 So the oldest e-mail here is from</p> <p>6 somebody named Brian Fowler. It's about a drug</p> <p>7 anomaly in Cuyahoga County, Ohio. It</p> <p>8 references an EpiCenter anomaly for</p> <p>9 drug-related emergency department visits</p> <p>10 yesterday evening and into today for Cuyahoga</p> <p>11 County.</p> <p>12 Is this the kind of alert you were</p> <p>13 talking about earlier today from EpiCenter?</p> <p>14 A. This is exactly the kind of alert</p> <p>15 that I was referencing earlier.</p> <p>16 Q. So if you continue on with this</p> <p>17 e-mail chain, this alert of an EpiCenter</p> <p>18 anomaly gets forwarded to -- by someone named</p> <p>19 Jolene Defiore-Hyrmer to Thomas Gilson, and</p> <p>20 that's the medical examiner for Cuyahoga</p> <p>21 County; is that right?</p> <p>22 A. Yes.</p> <p>23 Q. And I'll just call her Jolene</p> <p>24 because it's easier than her last name. And as</p> <p>25 somebody with an impossible last name, I</p>	<p style="text-align: right;">Page 136</p> <p>1 gets forwarded to Terry Allan, then Terry Allan</p> <p>2 forwards it to you and others, and then you</p> <p>3 respond in the top e-mail to Terry, and you</p> <p>4 say, "We receive the alerts directly"; is that</p> <p>5 right?</p> <p>6 A. Correct.</p> <p>7 Q. So do you recall for how long the</p> <p>8 Cuyahoga County Board of Health had been</p> <p>9 receiving these kind of EpiCenter alerts when</p> <p>10 you sent this e-mail?</p> <p>11 A. No.</p> <p>12 Q. In the second paragraph here --</p> <p>13 actually, before I get to the second paragraph,</p> <p>14 the second sentence here, you say, "I will need</p> <p>15 to check with Amy Anter and Jackie, as they are</p> <p>16 the ones who looked into the EpiCenter</p> <p>17 abnormalities."</p> <p>18 Who are Amy Anter and Jackie?</p> <p>19 A. Those two would be the epis I</p> <p>20 referenced earlier.</p> <p>21 Q. So these are two individuals that</p> <p>22 work in the ESI service area --</p> <p>23 A. Correct.</p> <p>24 Q. -- at the Board of Health?</p> <p>25 A. Yes. I supervise Amy and Jackie.</p>
<p style="text-align: right;">Page 135</p> <p>1 sympathize to that.</p> <p>2 She says, "I wanted to provide you</p> <p>3 with information that was detected by the ODH</p> <p>4 EpiCenter system." She describes that the</p> <p>5 system is part of ODH's syndromic surveillance,</p> <p>6 so it collects de-identified chief complaint</p> <p>7 data from participating hospitals in real time.</p> <p>8 And then she says, "Recently, a</p> <p>9 classifier to help identify drug overdoses was</p> <p>10 implemented. Below is a recent anomaly that</p> <p>11 was detected in Cuyahoga County. This</p> <p>12 information was provided to the local health</p> <p>13 department." And this e-mail is dated March 3,</p> <p>14 2016.</p> <p>15 Does this refresh your recollection</p> <p>16 as to when the "drugs" classifier was</p> <p>17 implemented in the EpiCenter system?</p> <p>18 A. Only from the standpoint that I</p> <p>19 would have to go with what Jolene indicates.</p> <p>20 It still doesn't help me with my recall of when</p> <p>21 it was established, but based on what she's</p> <p>22 saying in here, it appears that it was early on</p> <p>23 in 2016, based on what she is saying.</p> <p>24 Q. Okay. And then you continue</p> <p>25 following this e-mail thread, so that e-mail</p>	<p style="text-align: right;">Page 137</p> <p>1 And as part of their responsibilities, they</p> <p>2 were the ones who would be the first line of</p> <p>3 looking into abnormalities before the drug</p> <p>4 classifiers category was created.</p> <p>5 Then, when the category got</p> <p>6 created, I told them, "Hey, this is new. I'll</p> <p>7 look into those. You keep looking into the</p> <p>8 ones that you've been historically looking</p> <p>9 into."</p> <p>10 Q. So what are the categories of</p> <p>11 abnormalities that Amy and Jackie historically</p> <p>12 were looking into?</p> <p>13 A. You may recall when we were talking</p> <p>14 about EpiCenter earlier and I talked about</p> <p>15 respiratory, constitutional, those -- those are</p> <p>16 the group -- the traditional groupings.</p> <p>17 Q. Do Amy and Jackie still track that</p> <p>18 EpiCenter data?</p> <p>19 A. Yes, that part. I -- I still</p> <p>20 continue to look into the "drugs" ones, and</p> <p>21 they continue to look into the other ones.</p> <p>22 Q. When you say that you look into the</p> <p>23 "drugs" ones, that means that you receive an</p> <p>24 e-mail alert from the EpiCenter system, and</p> <p>25 then what do you do with it when you get one of</p>

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1 those alerts?

2 A. Sure. So -- so we all receive the

3 alerts together, so it's not like the system

4 knows to send --

5 Q. Sure.

6 A. -- Chris certain ones and Amy and

7 Jackie certain ones.

8 What I do is I go into the system,

9 and I'm trying to look for clusters.

10 Geographic clusters. So what I do is to go

11 through and try to see if, first of all,

12 they're cases of interest specific to the

13 opioid issue. Then, if they are, I try to look

14 at how many cases of interest are coming from

15 each of the different ZIP codes.

16 And -- and then when I get that

17 information, I try to pass it along to the

18 injury prevention folks so that way they can be

19 aware of it to see if it would be helpful for

20 them and their purposes.

21 I think it's important to

22 understand part of this use of this information

23 also had to do with allowing communities to be

24 aware of the activity and to see if they needed

25 resources of Narcan to be able to take care of

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1 people. We've been very fortunate in the

2 county to have higher quantities of it compared

3 to other parts of Ohio.

4 Q. Okay. So you say that you take a

5 look at the alerts; you see if these involve

6 cases of interest related to the opioid

7 problem.

8 Are you defining cases of interest

9 based on the categories that we were talking

10 about earlier --

11 A. Yes. And that --

12 Q. -- that Dr. Stovsky put together?

13 A. -- other report, the select

14 prescription and illicit drug, yes.

15 Q. Got it.

16 And then you divide up the cases of

17 interest based on the ZIP code and say that

18 you're looking for geographic clusters. What

19 do you mean by "cluster"?

20 A. So we're -- what I'm looking at

21 there is, okay, is it one particular ZIP code

22 where all the cases are coming from, or are

23 they spread out in multiple ZIP codes within

24 the county?

25 Q. And what is the purpose of

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1 determining whether it's clustered on a

2 particular ZIP code or spread out?

3 A. Because perhaps the people that

4 look into issues that go along with opioid use,

5 whether you're in the hospital, law

6 enforcement, wherever -- because remember we

7 talked about that being a multisector issue --

8 the individuals that maybe have other

9 information or work in those areas can have

10 more awareness that the activity may be higher

11 there.

12 Q. And then you mentioned that that

13 might also inform where resources of Narcan

14 should be available. Is Narcan the same thing

15 as naloxone?

16 A. Yes.

17 Q. That's what we were talking about

18 before.

19 A. Sorry.

20 Q. And so another purpose of breaking

21 these up by ZIP code is to determine where

22 naloxone should be distributed; is that right?

23 A. Not -- it could. Basically, the

24 State wants to make sure that the locals have

25 the adequate supply. And so when we get these

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1 types of alerts, it's part of the State's

2 protocol to contact the locals to say, "Hey, do

3 you have enough of a supply on hand?"

4 Q. Okay. Turning back to this

5 document, looking at the second paragraph here,

6 you say, "Vince, this is exactly what I've been

7 referencing as the topic for when we schedule

8 some time together. Now that a formal

9 classifier has been created in the system, it

10 will be easier to identify potential events

11 that are drug related."

12 So you're telling Vince Caraffi

13 that you've talked about how you might want to

14 identify drug-related events; is that right?

15 A. Correct.

16 Q. And you tell him it will be easier

17 now that there's a formal classifier.

18 Do you recall the meeting that

19 you're referencing here when you say a "topic

20 for when we schedule some time together"?

21 A. I do not recall that meeting.

22 Q. Had this been a topic of ongoing

23 discussion between you and Vince Caraffi, how

24 to use the EpiCenter data?

25 A. Yes, that's correct.

<p style="text-align: right;">Page 142</p> <p>1 - - - - -</p> <p>2 (Thereupon, Deposition Exhibit 12,</p> <p>3 8/4/2016 E-Mail Chain Re: EpiCenter</p> <p>4 Alerts and Heroin/Opioid Deaths,</p> <p>5 with Attachment, CUYAH_001703792 to</p> <p>6 001703798, was marked for purposes</p> <p>7 of identification.)</p> <p>8 - - - - -</p> <p>9 Q. So I've just handed you what's been</p> <p>10 marked as Exhibit 12 to your deposition. This</p> <p>11 is a document bearing the Bates stamp</p> <p>12 CUYAH_001703792 through 798.</p> <p>13 So this is an e-mail exchange that</p> <p>14 has an attachment behind it.</p> <p>15 If you look to the second page</p> <p>16 here, the bottom e-mail in the chain, this is</p> <p>17 an e-mail from you to Hugh Shannon and Thomas</p> <p>18 Gilson. And they're both in the medical</p> <p>19 examiner's office; is that right?</p> <p>20 A. Yes.</p> <p>21 Q. This e-mail is dated August 4,</p> <p>22 2016.</p> <p>23 And you say, "Terry mentioned that</p> <p>24 you recently reached out to see if we have any</p> <p>25 EpiCenter alerts for heroin/opioid-related ER</p>	<p style="text-align: right;">Page 144</p> <p>1 might not always match medical examiner data</p> <p>2 related to drug overdose deaths?</p> <p>3 A. That is correct.</p> <p>4 Q. And one of the reasons for that is</p> <p>5 that the EpiCenter -- the way that the</p> <p>6 EpiCenter divides up events into classifiers,</p> <p>7 you might not necessarily see the chief</p> <p>8 complaint getting grouped into the "drugs"</p> <p>9 classifier, even if the individual is</p> <p>10 overdosing?</p> <p>11 A. Are you specifically trying to get</p> <p>12 at the last bullet?</p> <p>13 Q. Yeah. So I was trying to -- I'm</p> <p>14 trying to understand what you mean by the last</p> <p>15 bullet there.</p> <p>16 A. Yeah. So recall that the way</p> <p>17 EpiCenter works is that there are keywords,</p> <p>18 chunks of words or phrases, similar to how I</p> <p>19 developed that syntax for the select</p> <p>20 prescription drugs. EpiCenter works the same</p> <p>21 way, and so if it's not getting recorded in the</p> <p>22 system using that information that defines the</p> <p>23 "drugs" classifier, it would not fall into that</p> <p>24 group.</p> <p>25 Q. Okay. So there might be an</p>
<p style="text-align: right;">Page 143</p> <p>1 visits, given that you have recently seen an</p> <p>2 increase in deaths due to this cause.</p> <p>3 EpiCenter has not sent out any alerts for this</p> <p>4 recently," and then you identify a few</p> <p>5 different reasons for that.</p> <p>6 So am I understanding correctly</p> <p>7 that the medical examiner's office asked the</p> <p>8 Board of Health whether there was EpiCenter --</p> <p>9 whether there had been EpiCenter alerts for</p> <p>10 heroin- and opioid-related events because they</p> <p>11 had seen an increase in deaths in the medical</p> <p>12 examiner's office?</p> <p>13 A. Yes.</p> <p>14 Q. You say that, "A few different</p> <p>15 reasons why EpiCenter wouldn't send out an</p> <p>16 alert when there are deaths occurring are that</p> <p>17 the number of ER visits for this cause did not</p> <p>18 exceed the system alert threshold, the deaths</p> <p>19 that you are seeing did not come through the</p> <p>20 ER, or the ER visits are not recording a chief</p> <p>21 complaint that would allow it to get grouped</p> <p>22 into the 'drugs' classifier."</p> <p>23 Based on this e-mail from you to</p> <p>24 Hugh Shannon and Thomas Gilson, is it fair to</p> <p>25 say that EpiCenter data related to drugs events</p>	<p style="text-align: right;">Page 145</p> <p>1 individual who comes into the ER, they're</p> <p>2 suffering of an overdose, but based on the</p> <p>3 terminology that gets inputted into the</p> <p>4 EpiCenter system, that might not necessarily</p> <p>5 get classified under the "drugs" classifier?</p> <p>6 A. Correct.</p> <p>7 Q. Now, in response to this e-mail</p> <p>8 from you, Hugh Shannon mentions a meeting at</p> <p>9 which DEA had stats from Summit County showing</p> <p>10 they had tracked 200-plus ODs in ERs in their</p> <p>11 area last month. And then he asks, "I'm</p> <p>12 wondering if EpiCenter is not catching them.</p> <p>13 How do we develop a system that can?"</p> <p>14 Do you see that?</p> <p>15 A. Yes.</p> <p>16 Q. And then you respond, and you say,</p> <p>17 "There is a difference between having ODs in</p> <p>18 the ER versus the system alerting due to a</p> <p>19 threshold being exceeded for this reason."</p> <p>20 Can you explain what you mean by</p> <p>21 that?</p> <p>22 A. Yes. What I was trying to indicate</p> <p>23 there is that there can be, and there is,</p> <p>24 overdoses that are being recorded in the</p> <p>25 system. But until they hit a threshold to go</p>

<p style="text-align: right;">Page 146</p> <p>1 beyond what you would typically see based on 2 the historical values for any given day, we 3 wouldn't necessarily get that alert until that 4 threshold is tripped. 5 Q. Is the threshold fixed, or does it 6 change over time? 7 A. It is my understanding that it uses 8 historical data and plots it out. So some 9 diseases have seasonal patterns and whatnot, so 10 the threshold takes a look at that particular 11 date of the year from a historical time period 12 and then establishes this threshold. 13 And again, you want to talk to Ohio 14 Department of Health for -- for more 15 specificity behind the methodology behind the 16 establishment of the thresholds. 17 Q. You go on to say that while you've 18 not seen Summit's data, you say, "I'm guessing 19 that they are mining EpiCenter for visits that 20 are not associated with alerts." You say that 21 you believe that Vince and Allison hope to do 22 something of a similar manner, but you're not 23 sure about the timeline for the implementation. 24 And then you also mention inquiring about 25 assistance from the Case prevention medicine</p>	<p style="text-align: right;">Page 148</p> <p>1 that included more EpiCenter data. 2 And do you recognize this as that 3 report -- 4 A. Yes. 5 Q. -- from Summit County? 6 And if you look at the first page 7 of this report, so the page ending on 795, if 8 you look at the very bottom right-hand corner, 9 there's a paragraph there that says, "It is 10 important to note that case notes available 11 through EpiCenter rarely identifies the 12 specific drug or drugs involved in an overdose. 13 Therefore the figures here can be associated 14 with any drug, not just heroin and/or 15 fentanyl." 16 Is that right? 17 A. Yes. 18 Q. And based on your experience, is it 19 true that EpiCenter data rarely identifies the 20 specific drug or drugs involved in an overdose? 21 A. It depends on how you would define 22 "rarely." 23 Q. But fair to say that you can't 24 always tell what the drugs involved are? 25 A. Correct.</p>
<p style="text-align: right;">Page 147</p> <p>1 residency program. 2 So is that the project that you 3 were talking about in connection with the 2016 4 report that we talked about earlier with you 5 and Dr. Stovsky going through and coding 6 events? 7 A. That is correct. 8 Q. So that project is based on 9 EpiCenter data, not necessarily associated with 10 alerts based on a tripped threshold; is that 11 right? 12 A. Yes. And that's what we talked 13 about, and when we first started this 14 deposition, where I said there's two types of 15 uses of the EpiCenter data: the responding to 16 the thresholds, and then others. So this is -- 17 you're seeing and identifying the e-mails that 18 were kind of the early origins and the thought 19 process on how we can use that data. 20 Q. Got it. 21 If you take a look at the 22 attachment to this e-mail, so this attachment 23 gets sent by Hugh Shannon in response. He 24 says, "I'm sending you the report the DEA 25 cited." That was the report that he described</p>	<p style="text-align: right;">Page 149</p> <p>1 Q. And is it also fair to say that the 2 Summit County report did not divide up drug 3 events based on categories of drugs involved? 4 A. Correct. 5 - - - - - 6 (Thereupon, Deposition Exhibit 13, 7 August/September 2016 E-Mail Chain 8 Re: Summary of Today's EpiCenter 9 Meeting and Next Steps, 10 CUYAH_014198111 to 014198155, was 11 marked for purposes of 12 identification.) 13 - - - - - 14 Q. I'm showing you what's been marked 15 as Exhibit 13 to your deposition. This is a 16 document bearing the Bates stamp 17 CUYAH_014198111 through 115. 18 And this is an e-mail exchange all 19 related to an EpiCenter meeting. There's a 20 number of e-mails here. The one that I'm 21 interested in is at the bottom half of the 22 first page. It's an e-mail from you to 23 "group." You say to the group, "I wanted to 24 summarize some things, especially for folks who 25 had to leave the call early."</p>

<p style="text-align: right;">Page 150</p> <p>1 So you're describing here a call, a 2 meeting, related to the EpiCenter project, and 3 you say in the first bullet point here, "We 4 agreed to develop a report for Cuyahoga County 5 that is similar to the Summit County report. 6 Attempts will be made to refine the approach by 7 using an algorithm to exclude overdose visits 8 that are not the target species; i.e., we will 9 attempt to only include visits that are heroin, 10 opioid, benzo, and fentanyl related." 11 The algorithm being referenced 12 here, is that the code that you were describing 13 earlier that you and Dr. Stovsky developed to 14 search for particular phrases in EpiCenter? 15 A. Yes. That's -- that's the SPSS 16 syntax that I was referring to. 17 Q. And then looking at the last bullet 18 point on this page, you say, "A series of 19 weekly meetings have been established between 20 Erica and Chris." 21 Erica there, that refers to 22 Dr. Stovsky; is that right? 23 A. Yes. 24 Q. Now, you say here that, "This 25 report will be completed by the end of</p>	<p style="text-align: right;">Page 152</p> <p>1 Is this the same report that was 2 referenced in Exhibit 13 as the report that you 3 intended to complete by the end of September? 4 A. I don't know. 5 Q. Do you recognize this report as the 6 report that was generated from the project 7 being described in Exhibit 13, where you and 8 Dr. Stovsky were going to develop an algorithm 9 to go through and break down drug-related 10 emergency room visits, similar to the Summit 11 County report, but in more detail? 12 A. It's an example of the report. I 13 don't know if it's the exact report because it 14 says Volume 2. 15 Q. Okay. 16 A. So that's why I can't say -- that's 17 why I'm saying I don't know. 18 Q. Okay. But this report is related 19 to that same project. 20 A. Yes. 21 Q. That's fair to say? Okay. 22 - - - - - 23 (Thereupon, Deposition Exhibit 15, 24 Document Titled "Drug-Related 25 Emergency Room Visits, January</p>
<p style="text-align: right;">Page 151</p> <p>1 September." 2 Do you recall if this report was, 3 in fact, completed by the end of September? 4 A. I don't recall the exact date that 5 the report was completed. 6 - - - - - 7 (Thereupon, Deposition Exhibit 14, 8 November 2016 E-Mail Chain Re: Maps 9 for Report: Thoughts?, with 10 Attachment, CUYAH_014195066 to 11 014195078, was marked for purposes 12 of identification.) 13 - - - - - 14 Q. I'm showing you what's been marked 15 as Exhibit 14 to your deposition. This is a 16 document bearing the Bates stamp CUYAH_014195066 17 through 078, and this is an e-mail exchange 18 with an attachment. 19 And you say, in the top e-mail on 20 the first page, so the latest e-mail in the 21 chain, the subject line is, "October report 22 closer to final version." And you attach this 23 PDF version of a report on drug-related 24 emergency room visits from January 1st to 25 October 31st of 2016.</p>	<p style="text-align: right;">Page 153</p> <p>1 1-September 30, 2016," 2 SUMMIT_000874244 to 000874248, was 3 marked for purposes of 4 identification.) 5 - - - - - 6 Q. I'm now showing you what's been 7 marked as Exhibit 15 to your deposition. This 8 is a document bearing the Bates stamp 9 SUMMIT_000874244 to 248. 10 And you see that this one is called 11 "Drug-Related Emergency Room Visits January 1st 12 to September 30th, 2016." It says, "Data 13 Brief, Volume 1, 2016." 14 A. Yes. 15 Q. So this is the Volume 1 preceding 16 the Volume 2 that we were looking at? 17 A. Yes. 18 Q. And the Volume 2 that we were 19 looking at, that was a draft that you were 20 circulating around. 21 This Volume 1, do you recognize 22 this as the final version of one of these data 23 briefs? 24 A. I do not know if it's the "final" 25 final version, but if it's not, it's really</p>

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1 close.

2 Q. And if you could please turn to

3 page 4, so the page ending 247 in Bates stamps.

4 There's a heading here for "Drug Category."

5 And it says, "Where possible, attempts were

6 made to quantify the number of visits

7 associated with opioids, select prescription

8 drugs, and select illicit drug use available in

9 1,441 of the 5,453 records."

10 Based on this description here, am

11 I understanding correctly that it was only

12 possible to divide emergency room visits into

13 categories based on the type of drug involved

14 in 1,441 of the records that you reviewed?

15 A. Can you say that one more time?

16 Q. Am I understanding correctly that

17 it was only possible to divide emergency room

18 visits into categories based on the type of

19 drug involved in 1,441 of the records that you

20 reviewed?

21 A. I wouldn't say it like that.

22 Q. Okay. How would you say it?

23 A. That amongst the 5,453 records, we

24 were able to successfully code 1,441 records

25 into these drug categories of interest.

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1 Q. Okay. So that means that the 1,441

2 number is just drug categories of interest as

3 they're listed here?

4 A. Yes.

5 Q. And if you look at this chart here,

6 it says "Drug Category," and then it says "N"

7 and percentage, what is the "N" referring to

8 there?

9 A. That represents the number of ER

10 visits where we were able to group into the

11 categories listed there.

12 Q. And that number is over the time

13 period from January 1st to September 30th,

14 2016?

15 A. Correct.

16 Q. You see it says heroin only is the

17 top drug category, and that number there is

18 895. And then the percentage associated with

19 that is 62.1.

20 So am I understanding correctly

21 that of the 1,441 records associated with these

22 drug categories, 62.1 percent of those involved

23 heroin only?

24 A. Yes.

25 Q. The next category listed here is

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1 "opioid, general. My question is, what does

2 "opioid, general" mean?

3 A. What that meant was that the free

4 text that we described earlier only had the

5 word "opioid" listed, and so we really couldn't

6 categorize it any further.

7 Q. So that "opioid, general" category,

8 if I'm understanding correctly, could include

9 both prescription opioids and illicit opioids;

10 is that right?

11 A. Yes. It's however the registrar

12 would have categorized --

13 Q. Okay. You just don't --

14 A. -- put that in there.

15 Q. You don't know what --

16 A. Just -- I don't know.

17 Q. -- specific opioids are involved?

18 A. That's correct.

19 Q. And then the next category is

20 cocaine. Below that is polysubstance.

21 Am I correct that polysubstance

22 means that there are multiple drugs involved?

23 A. Yes.

24 Q. Then prescription opioids is the

25 next category. The number there is 42, and the

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1 percentage is 2.9.

2 So am I right that only 2.9 percent

3 of the ER visits that you were able to code

4 specified that prescription opioids were

5 involved?

6 A. Yes.

7 Q. Now, the drug categories of

8 interest listed here, there are other various

9 classes of drugs that are not included here,

10 such as methamphetamines; is that right?

11 A. Yes.

12 Q. Do you have an understanding of why

13 methamphetamines, for instance, were not

14 included in the drug categories evaluated here?

15 A. No.

16 Q. So we've seen a Volume 1 and a

17 Volume 2 data brief. How many volumes are you

18 up to of data briefs?

19 A. I don't know.

20 Q. Do you know when the most recent

21 data brief was issued?

22 A. I do not.

23 - - - - -

24 (Thereupon, Deposition Exhibit 16,

25 November 2017 E-Mail Chain Re:

<p style="text-align: right;">Page 158</p> <p>1 Recent Drugs Related EpiCenter Alert 2 for Cuyahoga County, CUYAH_002133216 3 to 002133218, was marked for 4 purposes of identification.) 5 - - - - - 6 Q. I'm showing you what's been marked 7 as Exhibit 16 to your deposition. This is a 8 document bearing the Bates stamp CUYAH_002133216 9 through 218. 10 This is an e-mail exchange between 11 you and Hugh Shannon and others, but it starts 12 on the page ending 217 with you saying, "You 13 may be aware that we recently had an EpiCenter 14 alert related to the 'drugs' classifier on 15 November 3, 2017." 16 So this is you reporting on one of 17 those alerts that you were describing earlier 18 from EpiCenter? 19 A. Yes. 20 Q. And then Hugh Shannon asks you some 21 questions about that alert, and he says at the 22 bottom of his e-mail -- so this is toward the 23 top of the page ending 217, he says, "I'm also 24 curious as to how the threshold is set and 25 whether alerts are being sent to various</p>	<p style="text-align: right;">Page 160</p> <p>1 versus final diagnoses in the hospital? 2 A. Yes. 3 Q. Can you explain what you mean by 4 that? 5 A. Yes, I can. We are -- have been 6 involved in a project with Metro to look at 7 electronic health record data as a way to kind 8 of address some surveillance information gaps 9 that we have. And so when this started to 10 emerge and it was time to review our IRB 11 application for that project, we thought that 12 it might be a way for us to do this validation 13 that we were speaking about. 14 Because remember when we were 15 talking about EpiCenter data in the very 16 beginning, I said it's based on chief complaint 17 information, prior to any formal determination, 18 right? And so if we could somehow leverage the 19 information in EpiCenter and in the Metro 20 electronic health record, we would then be able 21 to get a better feel for how well we are 22 classifying things just based on EpiCenter 23 alone. So that's what this e-mail is in 24 reference to. 25 Q. And did you ultimately undertake a</p>
<p style="text-align: right;">Page 159</p> <p>1 entities who are involved in the opioid crisis 2 response. Further study of data comparing ER 3 visits and fatalities over a long period may 4 result in better predictive models that would 5 provide some type of early detection system." 6 Am I understanding correctly that 7 Hugh Shannon in the medical examiner's office 8 was suggesting that it would be useful to 9 compare the ER visit data in EpiCenter with the 10 fatality data that the medical examiner keeps 11 track of? 12 A. Yes. 13 Q. And then if you look at your 14 response on the first page -- and this is still 15 November of 2017 -- you tell Hugh Shannon, "We 16 are hoping to conduct a project that evaluates 17 specificity of our approach working with 18 EpiCenter data. Primary focus is to understand 19 how it relates to final ER/hospital diagnosis. 20 Proposal is currently under IRB review." 21 What does "IRB review" refer to 22 there? 23 A. Institutional Review Board. 24 Q. And you're describing a proposal 25 under the IRB review related to EpiCenter data</p>	<p style="text-align: right;">Page 161</p> <p>1 project like that with MetroHealth? 2 A. With Metro? That is a difficult 3 question to answer the way you posed it, and 4 I'm going to tell you why. Because this 5 particular e-mail in this reference to the IRB, 6 we never could do that. We -- we didn't get -- 7 it just didn't get any legs. We weren't -- we 8 weren't able to do it. 9 You recall earlier I mentioned to 10 you that we received some funding from ODH to 11 do the validate -- try to do work on the new 12 subclassifiers under "drugs"? 13 Q. Uh-huh. 14 A. Because MetroHealth has a large 15 portion of the cases, we worked with them on 16 this pilot project for that. 17 Q. Okay. Has the Board of Health 18 undertaken any project to compare EpiCenter 19 data to final ER/hospital diagnoses of the sort 20 that you describe here? 21 A. Only in through that ODH project 22 that we -- that I just referenced. 23 Q. Okay. So that ODH project working 24 on the new subclassifiers under "drugs," that 25 project involves comparing EpiCenter data to</p>

<p style="text-align: right;">Page 162</p> <p>1 final diagnoses from hospitals?</p> <p>2 A. Yes.</p> <p>3 Q. Looking back at this e-mail, you go</p> <p>4 on and you say, "I would love the opportunity</p> <p>5 to take a similar look at ME data to further</p> <p>6 evaluate how well or not the EpiCenter serves</p> <p>7 as a predictive indicator."</p> <p>8 Is "ME data" referring to medical</p> <p>9 examiner data?</p> <p>10 A. Yes.</p> <p>11 Q. And has the Board of Health</p> <p>12 undertaken a project to compare EpiCenter data</p> <p>13 with medical examiner data?</p> <p>14 A. No.</p> <p>15 Q. So that idea that you describe here</p> <p>16 just never went anywhere?</p> <p>17 A. Correct.</p> <p>18 - - - - -</p> <p>19 (Thereupon, Deposition Exhibit 17,</p> <p>20 November 2017 E-Mail Chain Re:</p> <p>21 Recent Drugs Related EpiCenter Alert</p> <p>22 for Cuyahoga County, CUYAH_002133113</p> <p>23 to 002133117, was marked for</p> <p>24 purposes of identification.)</p> <p>25 - - - - -</p>	<p style="text-align: right;">Page 164</p> <p>1 that we have been working with CDC to develop."</p> <p>2 Is that the project that you just</p> <p>3 described having to do with the</p> <p>4 subclassifications --</p> <p>5 A. Yes.</p> <p>6 Q. -- in EpiCenter?</p> <p>7 So am I right that the Cuyahoga</p> <p>8 County Board of Health received that \$10,000 in</p> <p>9 funding to undertake that project?</p> <p>10 A. I don't know if we've technically</p> <p>11 received it. I don't handle the exchange of</p> <p>12 the money portion of it. But I can tell you</p> <p>13 that we participated and fulfilled our role in</p> <p>14 that project.</p> <p>15 Q. Okay. And then looking at the top</p> <p>16 e-mail here, you say, "Jolene, this is great</p> <p>17 news to hear and thanks for sharing the info.</p> <p>18 As an FYI, we are exploring a validation</p> <p>19 project of our own coding, so it will be great</p> <p>20 to have these three new classifiers to include</p> <p>21 in our project."</p> <p>22 What is the validation project that</p> <p>23 you're referring to there?</p> <p>24 A. That refers to the project that</p> <p>25 didn't go anywhere on the IRB Exhibit 16 that</p>
<p style="text-align: right;">Page 163</p> <p>1 Q. Showing you what's been marked as</p> <p>2 Exhibit 17 to your deposition. This is a</p> <p>3 document bearing the Bates stamp CUYAH_OO2133113.</p> <p>4 This is an e-mail exchange</p> <p>5 between -- so this is another e-mail exchange</p> <p>6 that starts with you notifying people of an</p> <p>7 EpiCenter alert related to the "drugs"</p> <p>8 classifier.</p> <p>9 A. Yes.</p> <p>10 Q. And then this includes the e-mail</p> <p>11 that we were just looking at where you describe</p> <p>12 the proposal to compare EpiCenter data with</p> <p>13 final ER hospital diagnoses and also ME data.</p> <p>14 A. Yes.</p> <p>15 Q. Yes?</p> <p>16 And then, in response to your</p> <p>17 e-mail, Jolene, of the difficult last name from</p> <p>18 earlier, responds and says, "Thank you for</p> <p>19 sending this. It is interesting. At the state</p> <p>20 level, we have seen similar patterns in</p> <p>21 relation to the increase in ED visits, deaths,</p> <p>22 and seizure data. I also wanted to let you</p> <p>23 know that as part of the PDO grant, we did</p> <p>24 provide an opportunity for funding \$10,000 to</p> <p>25 validate the new classifications for EpiCenter</p>	<p style="text-align: right;">Page 165</p> <p>1 we were talking about earlier.</p> <p>2 Q. Got it.</p> <p>3 So this project, the validation</p> <p>4 project you referred to here, that never went</p> <p>5 anywhere?</p> <p>6 A. No.</p> <p>7 Q. Mr. Kippes, are you familiar with</p> <p>8 the HIP-Cuyahoga project?</p> <p>9 A. Yes.</p> <p>10 Q. What is the HIP-Cuyahoga project?</p> <p>11 A. HIP-Cuyahoga is Health Improvement</p> <p>12 Partnership-Cuyahoga. It is a -- it's more</p> <p>13 than a project. It's an initiative coalition.</p> <p>14 It's a group of people who are coming together</p> <p>15 to try to make Cuyahoga County a better place</p> <p>16 to live, work, and play, allowing individuals</p> <p>17 to achieve their most optimal level of health</p> <p>18 that they can.</p> <p>19 Q. What is your role with respect to</p> <p>20 HIP-Cuyahoga?</p> <p>21 A. I have a couple roles in</p> <p>22 HIP-Cuyahoga. I am on the steering committee.</p> <p>23 I chair the shared measurement and evaluation</p> <p>24 work group. I also play a lead role in</p> <p>25 coordinating the health assessments that get</p>

<p style="text-align: right;">Page 166</p> <p>1 done through HIP-Cuyahoga.</p> <p>2 Q. And the health assessments, that's</p> <p>3 the health assessments that you were referring</p> <p>4 to earlier today, that health assessment is</p> <p>5 associated with HIP-Cuyahoga?</p> <p>6 A. That's correct.</p> <p>7 Q. As part of the HIP-Cuyahoga</p> <p>8 project, has the Board of Health examined any</p> <p>9 data related to substance abuse?</p> <p>10 A. We looked at the opioid-related</p> <p>11 deaths that are in the 2018 health assessment</p> <p>12 report.</p> <p>13 - - - - -</p> <p>14 (Thereupon, Deposition Exhibit 18,</p> <p>15 2/26/2018 E-Mail from Chris Kippes</p> <p>16 Re: Opiate Data Request for Next</p> <p>17 Countywide Community Health</p> <p>18 Assessment, with Attachment,</p> <p>19 CUYAH_001631892 to 001631896, was</p> <p>20 marked for purposes of</p> <p>21 identification.)</p> <p>22 - - - - -</p> <p>23 Q. Now showing you what's been marked</p> <p>24 as Exhibit 18 to your deposition. This is a</p> <p>25 document bearing the Bates stamp CUYAH_001631892</p>	<p style="text-align: right;">Page 168</p> <p>1 assessment steering committee. I just want to</p> <p>2 make certain that's what we're talking about.</p> <p>3 Q. Sure.</p> <p>4 A. Which is different from the</p> <p>5 HIP-Cuyahoga --</p> <p>6 Q. Okay.</p> <p>7 A. -- steering committee.</p> <p>8 Q. So HIP-Cuyahoga, which is a project</p> <p>9 that includes the community health assessment,</p> <p>10 has its own steering committee, but then the</p> <p>11 steering -- the community health assessment</p> <p>12 also has its own steering committee.</p> <p>13 A. And we -- we go back and forth</p> <p>14 between calling it a work group, steering</p> <p>15 committee, subcommittee. We use those terms</p> <p>16 interchangeably.</p> <p>17 Q. And the 10 to 15 people on the</p> <p>18 steering committee for the assessment, first of</p> <p>19 all, are you one of those people?</p> <p>20 A. Yes.</p> <p>21 Q. How many of those people are Board</p> <p>22 of Health employees?</p> <p>23 A. Terry, Martha Halko, Nichell Shaw,</p> <p>24 myself. I believe it is just the four of us.</p> <p>25 Q. And then the remaining members of</p>
<p style="text-align: right;">Page 167</p> <p>1 through 896.</p> <p>2 This is an e-mail with an</p> <p>3 attachment. The e-mail is from you to Hugh</p> <p>4 Shannon and Thomas Gilson, the medical</p> <p>5 examiner. This is dated February 26, 2018.</p> <p>6 You say, "We are in the middle of</p> <p>7 identifying data sources and conducting our</p> <p>8 next county-level community health assessment.</p> <p>9 We have a steering committee for the</p> <p>10 assessment, and there was a request to include</p> <p>11 information regarding the opiate epidemic."</p> <p>12 Who made that request to the</p> <p>13 steering committee?</p> <p>14 A. The request to the steering</p> <p>15 committee to look at opioid-related deaths?</p> <p>16 Q. Yes.</p> <p>17 A. That is a request that came from</p> <p>18 the steering committee members themselves. I</p> <p>19 don't remember which particular steering</p> <p>20 committee member asked for that indicator to be</p> <p>21 in there.</p> <p>22 Q. How many members of the steering</p> <p>23 committee are there?</p> <p>24 A. Let's say 10 to 15. I don't know</p> <p>25 the exact number. And we're talking about the</p>	<p style="text-align: right;">Page 169</p> <p>1 the committee are participants from various</p> <p>2 groups within the community?</p> <p>3 A. That's correct.</p> <p>4 Q. And then, in this e-mail you --</p> <p>5 related to that request made by the steering</p> <p>6 committee, you ask for data from the medical</p> <p>7 examiner with more specific data than what you</p> <p>8 could find on their website; is that right?</p> <p>9 A. Correct.</p> <p>10 Q. And then that data formed part of</p> <p>11 the basis for the community health</p> <p>12 assessment --</p> <p>13 A. Yes.</p> <p>14 Q. -- is that right? Okay.</p> <p>15 - - - - -</p> <p>16 (Thereupon, Deposition Exhibit 19,</p> <p>17 2018 Cuyahoga County Community</p> <p>18 Health Assessment, was marked for</p> <p>19 purposes of identification.)</p> <p>20 - - - - -</p> <p>21 Q. I'm showing you what's been marked</p> <p>22 as Exhibit 19 to your deposition, and this is a</p> <p>23 document taken from the HIP-Cuyahoga website,</p> <p>24 so it is publicly available and not</p> <p>25 Bates-stamped.</p>

<p style="text-align: right;">Page 170</p> <p>1 What is this document?</p> <p>2 A. This is the 2018 Cuyahoga County</p> <p>3 community assessment.</p> <p>4 Q. This is the 300-page document that</p> <p>5 you were referring to earlier?</p> <p>6 A. This is the one.</p> <p>7 Q. Okay. So I apologize that this is</p> <p>8 a little unwieldy because it is so large, so I</p> <p>9 just ask that as we look through it, you know,</p> <p>10 keep the pages in order so that then the court</p> <p>11 reporter can take them in order.</p> <p>12 I'm going to refer you to the very</p> <p>13 first page of this assessment, and there's a</p> <p>14 list of key authors/contributors, and your name</p> <p>15 appears there about two-thirds of the way down.</p> <p>16 Do you see that?</p> <p>17 A. Yes.</p> <p>18 Q. And as a key author/contributor to</p> <p>19 the community health assessment, what was your</p> <p>20 role in putting this together?</p> <p>21 A. I had a handful of different roles.</p> <p>22 I served as someone who did the analyses for</p> <p>23 some of the indicators.</p> <p>24 I served as an individual who</p> <p>25 solicited feedback and input of different</p>	<p style="text-align: right;">Page 172</p> <p>1 trouble answering the question the way you</p> <p>2 first phrased it because we know that there's</p> <p>3 more than just three pages of table of</p> <p>4 contents, things that impact people's health.</p> <p>5 So if you're going to compare it to all things</p> <p>6 that impact people's health, it wouldn't be</p> <p>7 considered comprehensive from that perspective.</p> <p>8 Q. Okay.</p> <p>9 A. So that's why I'm having trouble</p> <p>10 answering it the way that you posed it to me.</p> <p>11 Q. Okay. But it's fair to say that</p> <p>12 there are many, many different topics that are</p> <p>13 covered in here?</p> <p>14 A. Correct.</p> <p>15 Q. And if you could please turn to</p> <p>16 page 187. There is a heading here that says,</p> <p>17 "Emerging health concerns, opioid abuse."</p> <p>18 If you look at the second paragraph</p> <p>19 there -- so the -- the first paragraph here is</p> <p>20 describing the problem associated with</p> <p>21 unintentional drug overdoses as one of the</p> <p>22 leading causes of injury-related death in the</p> <p>23 U.S. That paragraph refers to prescription</p> <p>24 drugs and heroin, but also a recent increase in</p> <p>25 the use of stronger synthetic opioids, such as</p>
<p style="text-align: right;">Page 171</p> <p>1 drafts as it was getting developed, and kind of</p> <p>2 consolidated that information to pass it along</p> <p>3 to the person who was putting it all together.</p> <p>4 I served as someone who wrote up</p> <p>5 certain sections for the indicators.</p> <p>6 Data-gatherer. Yeah, so.</p> <p>7 Q. So fair to say you took an active</p> <p>8 role?</p> <p>9 A. Yes, that is fair to say.</p> <p>10 Q. And if you could turn to page 3 of</p> <p>11 the report. This is a table of contents. And</p> <p>12 as you'll see, the table of contents itself is</p> <p>13 three pages long.</p> <p>14 A. Yes.</p> <p>15 Q. So this community health assessment</p> <p>16 covers a really broad range of topics; is that</p> <p>17 fair to say?</p> <p>18 A. Yes.</p> <p>19 Q. Would you call this a comprehensive</p> <p>20 community health assessment?</p> <p>21 A. It depends on how you would define</p> <p>22 "comprehensive."</p> <p>23 Q. Well, how would you define</p> <p>24 "comprehensive"?</p> <p>25 A. Well, for starters, I'm having</p>	<p style="text-align: right;">Page 173</p> <p>1 fentanyl and carfentanil.</p> <p>2 So you see, based on that, that</p> <p>3 there has been an increase currently in deaths</p> <p>4 associated with synthetic opioids that include</p> <p>5 fentanyl and carfentanil?</p> <p>6 A. Yes.</p> <p>7 Q. The second paragraph here describes</p> <p>8 some policies and efforts that have been</p> <p>9 undertaken to reduce the number of opioid</p> <p>10 deaths in Ohio. And the second sentence here</p> <p>11 says, "In Cuyahoga County, the Opiate Task</p> <p>12 Force, CCOTF, was formed in 2010 to raise</p> <p>13 public awareness, promote community action, and</p> <p>14 provide education related to the dangers and</p> <p>15 devastating effects of drug abuse."</p> <p>16 And I believe you testified earlier</p> <p>17 today that you couldn't remember or you weren't</p> <p>18 sure when the Cuyahoga County Opiate Task Force</p> <p>19 began?</p> <p>20 A. Yes.</p> <p>21 Q. Based on this document, it appears</p> <p>22 that it began in 2010; is that right?</p> <p>23 A. Based on this document, yes.</p> <p>24 Q. And I should ask, this section on</p> <p>25 "Emerging health concerns, opioid abuse," what</p>

<p style="text-align: right;">Page 174</p> <p>1 was your role in putting together this 2 particular section of the community health 3 assessment? 4 A. I was the primary author for 5 this -- this one. 6 Q. Okay. So you wrote these two 7 paragraphs here? 8 A. Yes. I don't -- well, let me -- 9 let me go back. I can't say with 100 percent 10 certainty that I wrote them, because as part of 11 the editing process, again, there -- we -- 12 there were so many hands involved in this. 13 Did I write a draft for this 14 section, the first draft for this section? 15 Yes. I can't say with 100 percent certainty 16 right now that the final one that we're looking 17 at is exactly like my first draft, because we 18 had a lot of editors and people involved in 19 putting the final product together. 20 Q. Sure. If you then look at the next 21 sentence after the one that we just read, it 22 says, "This indicator measures the number of 23 unintentional overdose deaths due to opioids, 24 including synthetic opioids." 25 Am I understanding correctly that</p>	<p style="text-align: right;">Page 176</p> <p>1 And then, under "Source of 2 indicator" definition, you indicate that that 3 is data obtained from the Cuyahoga County 4 medical examiner's office, and then there are 5 some specific sources listed here. 6 A. Yes. 7 Q. So is this the appendix with data 8 sources that you were referring to earlier 9 today? 10 A. It is. 11 MS. JASIEWICZ: Okay. Let's take a 12 quick five-minute break. 13 THE VIDEOGRAPHER: We're going off 14 the record. This is the end of Media No. 2. 15 The time is 5:47. 16 (A recess was taken.) 17 THE VIDEOGRAPHER: We're back on 18 the record. This is the beginning of Media 19 No. 3. The time is 5:56 p.m. 20 - - - - - 21 (Thereupon, Deposition Exhibit 20, 22 Document Titled "Drug-Related 23 Emergency Room Visits, January 24 1-December 31, 2017," 25 CUYAH_000018578 to 000018582, was</p>
<p style="text-align: right;">Page 175</p> <p>1 the data included in this section of the 2 community health assessment includes both 3 prescription and illicit opioids, such as 4 synthetic opioids? 5 A. I would have to go back and look at 6 that, because this is the data that we got from 7 the ME's office, so I would have to go back and 8 look at that data specifically again. I can't 9 say with certainty right now. 10 Q. Does the data in these tables in 11 this -- these couple of pages of the community 12 health assessment include a breakdown of data 13 based on the type of opioid involved? 14 A. No, not in -- not in this. 15 Q. Then if you could turn to page 273, 16 under "Emerging Health Concerns." In this 17 appendix, there is the indicator, "rate of 18 unintentional overdose deaths due to opioids, 19 including synthetic opioids." 20 Do you see that? 21 A. Yes. 22 Q. Is that referring to the same data 23 that we were just looking at -- 24 A. Yes. 25 Q. -- on page 187?</p>	<p style="text-align: right;">Page 177</p> <p>1 marked for purposes of 2 identification.) 3 - - - - - 4 THE WITNESS: Thank you. 5 BY MS. JASIEWICZ: 6 Q. All right, Mr. Kippes. I'm showing 7 you what's been marked as Exhibit 20 to your 8 deposition. This is a document bearing the 9 Bates stamp CUYAH_000018578 through 582. 10 This is another data brief similar 11 to the ones that we were looking at before; is 12 that right? 13 A. Yes. 14 Q. And this is the annual report for 15 2017. And I believe you testified earlier that 16 you weren't sure when the most recent report 17 was. 18 A. Yes. 19 Q. Do you know if this is the most 20 recent? 21 A. I don't. 22 Q. And these data briefs with data 23 related to the drug-related emergency room 24 visits, are these briefs that you would share 25 with community partners -- or that the task</p>

<p style="text-align: right;">Page 178</p> <p>1 force would share with community partners in 2 the task force, or are these internal to the 3 Board of Health?</p> <p>4 A. The data briefs were provided to 5 the injury prevention staff, and they're the 6 ones that disseminated it to the audiences that 7 they felt was the best target for the 8 information.</p> <p>9 Q. Do you know who those audiences 10 were?</p> <p>11 A. No.</p> <p>12 Q. How about the alerts that we were 13 talking about earlier that you'd get from 14 EpiCenter by e-mail? You said that you would 15 monitor those alerts, keep track of them, and 16 send around information about those alerts. 17 Who would you send those alerts to?</p> <p>18 A. Those alerts would go to the -- the 19 injury prevention staff. They would go to ODH 20 so they knew that we were following up on the 21 alert. And then Beth Gatlin, the Center For 22 Health Affairs -- she's a liaison to the local 23 hospitals, so I'd make her aware of it as well 24 so that way she could distribute it amongst the 25 appropriate networks that she has.</p>	<p style="text-align: right;">Page 180</p> <p>1 So somebody shows up at the ER and 2 their initial complaint in their ER visit, that 3 is what shows up in EpiCenter?</p> <p>4 A. Yes.</p> <p>5 Q. You would have to -- in order to 6 confirm whether that person was, in fact, 7 suffering an overdose, whether they described 8 it as an overdose or not, you would have to 9 then look at the final diagnosis from the 10 hospital and validate it against that; is that 11 right?</p> <p>12 A. Correct.</p> <p>13 Q. And then to be able to verify 14 whether that overdose resulted in an overdose 15 death, meaning death as a result of the 16 overdose, you would have to look to the medical 17 examiner for that conclusion; is that right?</p> <p>18 A. It depends on what's indicated in 19 the hospital discharge summary. So it -- that 20 is -- that varies.</p> <p>21 Q. Okay. So a hospital discharge 22 summary might indicate that it was an overdose 23 death, but it might not. You might need to 24 look at the medical examiner data --</p> <p>25 A. Correct.</p>
<p style="text-align: right;">Page 179</p> <p>1 Q. And just a couple additional 2 clarifying questions about EpiCenter data, 3 which I know that we've talked about a lot 4 today.</p> <p>5 A. We sure have, haven't we?</p> <p>6 Q. But just to make sure I understand. 7 You can't actually tell, based on EpiCenter 8 alone, whether a particular event under the 9 "drugs" classifier was an overdose?</p> <p>10 MR. MASON: Objection.</p> <p>11 Go ahead. You can answer.</p> <p>12 A. I don't think I would say it like 13 that. Sometimes -- again, it's all based on 14 prior to actual confirmatory diagnosis. You 15 need to keep that in mind.</p> <p>16 Q. Okay.</p> <p>17 A. Sometimes the free text has the 18 word "overdose," "OD," sometimes it does not. 19 So that's why when -- earlier, when we were 20 talking about things, at one point I heard you 21 start saying overdose, overdose, overdose, and 22 I said, no, these are ER visits.</p> <p>23 Q. Got it. So let's break down what 24 it would take to actually determine what is an 25 overdose.</p>	<p style="text-align: right;">Page 181</p> <p>1 Q. -- to be able to determine that?</p> <p>2 A. Correct.</p> <p>3 Q. And the first step of validation, 4 so comparing what is in the ER visit initial 5 complaint with the hospital diagnosis, that's 6 something that you wanted to verify, but you 7 said it never got past the review board; is 8 that right?</p> <p>9 A. Correct.</p> <p>10 Q. Why was that project not pursued 11 any further?</p> <p>12 A. Well, part of it, you see, we kind 13 of -- we're almost given a gift in the form of 14 the ODH project. So as we were trying to 15 pursue our validation, all of a sudden CDC 16 wanted to do the validation project. They were 17 allowing us to participate in it. So we didn't 18 want to create double work, in essence, because 19 if the CDC and the new classifiers did a great 20 job, we wouldn't have to use our own; we could 21 just use the new ones.</p> <p>22 Q. So that validation project from the 23 ODH grant, is that project still ongoing?</p> <p>24 A. Yes, it's still ongoing. We -- we 25 passed along our portion of that project to the</p>

<p style="text-align: right;">Page 182</p> <p>1 State, and I'm just awaiting to hear what's 2 next. 3 Q. Okay. What was your portion of the 4 project? Did that involve comparing the ER 5 complaints with the final diagnoses? 6 A. Not exactly as stated. What my 7 role in that project was, was to take a record 8 that was reported out of EpiCenter, go into the 9 hospital electronic record, and fill out a 10 specific form that the Ohio Department of 11 Health developed that asked a series of 12 questions that would help lead to the 13 validation of these new classifiers that 14 they're working on. 15 Q. And the Ohio Department of Health 16 is now working on that validation; is that 17 right? 18 A. You would have to ask them. I sure 19 hope so. 20 Q. But that's your understanding of 21 where that project is in the process? 22 A. Yes. 23 Q. And then, so that project involves 24 validation of ER complaints against hospital 25 diagnoses. Then the next step would be to</p>	<p style="text-align: right;">Page 184</p> <p>1 portion of your job, about what percentage of 2 your time would you say that you spend on 3 tracking EpiCenter data related to opioid 4 issues? 5 A. It's only a small percentage, 6 because of the alerts. My role right now is 7 only related to responding to alerts. So if we 8 don't have a lot of alerts, then I don't have 9 to spend my time doing that. 10 Q. And based on those alerts and the 11 full data that you have access to in EpiCenter, 12 you can't say that any particular event was 13 actually a drug overdose? 14 MR. MASON: Objection. 15 A. I mean, I thought we kind of 16 covered this. 17 Q. I realize that we talked about it. 18 A. I feel like we're getting a little 19 circular. 20 MR. MASON: It's getting very 21 circular. 22 THE WITNESS: We're getting 23 circular. 24 MS. JASIEWICZ: I just want to make 25 sure that I understand.</p>
<p style="text-align: right;">Page 183</p> <p>1 compare hospital data with medical examiner 2 data. 3 That's another thing -- so, sorry. 4 When I say "next step," I don't mean that 5 that's part of the project that you've just 6 described, but that's another level of 7 verification that one could undertake to 8 determine if a particular ER visit resulted in 9 an overdose death; is that right? 10 A. Yes. 11 Q. And that level of verification, 12 based on the e-mails that we looked at before, 13 you had indicated that that was something that 14 you were interested in undertaking, but you 15 never, in fact, did undertake that; is that 16 right? 17 A. Correct. I have done no further 18 work on that. 19 Q. Why not? 20 A. Because the epi validation project 21 was underway. I can only do so much with my -- 22 this is only, like, a small portion of my job, 23 and so I can only do a certain level of 24 projects in my role. 25 Q. Sure. When you say this is a small</p>	<p style="text-align: right;">Page 185</p> <p>1 A. I would have -- you should refer to 2 my previous answers, because I feel like we've 3 kind of covered the distinction between 4 overdose, ER visit, and everything in between 5 those two statements. 6 Q. And based on EpiCenter alerts and 7 EpiCenter data, can you tell which 8 drug-associated events that involve 9 prescription opioids involve opioids obtained 10 through a legitimate prescription as opposed to 11 diversion? 12 A. I'm not sure it has that level of 13 detail. 14 Q. If you wanted to find that out, 15 what source of data would you look to -- 16 toward? 17 A. So what is your -- what is your 18 test question that you want to assess? 19 Q. Whether drug-classified emergency 20 room visits associated with prescription 21 opioids involve opioids obtained through a 22 legitimate prescription as opposed to 23 diversion. 24 A. So you would need access to 25 electronic health record data. You just -- you</p>

<p style="text-align: right;">Page 186</p> <p>1 kind of just have to approach the -- the issue 2 of, okay, what do you want to know? What are 3 the potential data sources involved, right? 4 So at some level you would need to 5 interview the person, and then -- if you're 6 able, and then, you know, you have to -- 7 because it's self-report data. 8 There's just a lot of hoops and 9 methods and approaches to try to answer that 10 question. I'm -- I'm just trying -- I mean, 11 you're presenting this to me right now at 12 the -- 13 Q. Sorry. I understand. 14 A. -- end of how many hours of -- and 15 this would take much more thought to provide a 16 better answer for you. That's just kind of off 17 the top of my head. 18 Q. So there's not just one easy access 19 data center, like a database, where you could 20 find that out? 21 A. To my knowledge, I'm not aware of 22 one. 23 Q. I think you mentioned earlier today 24 that you have heard of Cardinal Health; is that 25 right?</p>	<p style="text-align: right;">Page 188</p> <p>1 relate to the allegations made in this lawsuit? 2 MR. MASON: Objection. 3 A. No. 4 Q. Have you had any dealings with 5 McKesson Corporation? 6 A. No. 7 Q. Have you spoken or communicated 8 with anyone at McKesson Corporation? 9 A. No. 10 Q. Are you familiar with 11 AmerisourceBergen Corporation? 12 A. No. 13 Q. Do you know how AmerisourceBergen 14 Corporation and its activities do or do not 15 relate to the allegations made in this lawsuit? 16 MR. MASON: Objection. 17 A. No. 18 Q. Have you had any dealings with 19 AmerisourceBergen Corporation? 20 A. No. 21 Q. Have you spoken or communicated 22 with anyone at AmerisourceBergen Corporation? 23 A. No. 24 MS. JASIEWICZ: I have no further 25 questions. Thank you so much for your time and</p>
<p style="text-align: right;">Page 187</p> <p>1 A. Yes. 2 Q. Do you know how Cardinal Health and 3 its activities do or do not relate to the 4 allegations made in this lawsuit? 5 MR. MASON: Objection. 6 A. I have no clue. 7 Q. Have you had any dealings with 8 Cardinal Health? 9 A. Not directly. 10 Q. When you say "not directly," what 11 do you mean? 12 A. It goes back to what I had 13 indicated earlier about how I heard of Cardinal 14 Health associated with providing resources to 15 the hospitals for emergency 16 preparedness-related matters. 17 Q. Have you spoken or communicated 18 with anyone at Cardinal Health? 19 MR. MASON: Objection. 20 A. No. 21 Q. Are you familiar with McKesson 22 Corporation? 23 A. No. 24 Q. Do you know how McKesson 25 Corporation and its activities do or do not</p>	<p style="text-align: right;">Page 189</p> <p>1 hard work today. 2 THE WITNESS: Thank you. 3 MS. JASIEWICZ: I will pass the 4 mic. 5 MS. FEINSTEIN: Just kind of 6 quickly reorganize here. 7 EXAMINATION OF CHRISTOPHER M. KIPPES 8 BY MS. FEINSTEIN: 9 Q. Good evening, Mr. Kippes. 10 I'll reintroduce myself. I am 11 Wendy West Feinstein. I'm with a law firm 12 called Morgan Lewis, and I represent the Teva 13 and Cephalon Defendants in this litigation. 14 I'll do my best to quickly get 15 through my exam, because I know it's getting 16 late in the day. But I apologize in advance: 17 I might skip around a little bit just because 18 I'm going to follow up on some topics that were 19 touched on earlier, and I'll do my best not to 20 repeat too much. Okay? 21 A few moments ago you were talking 22 about validation of -- of various data in the 23 EpiCenter database. 24 Have you utilized or evaluated any 25 data from the Ohio Substance Abuse Monitoring</p>

<p style="text-align: right;">Page 190</p> <p>1 Network?</p> <p>2 A. I've never heard of that.</p> <p>3 Q. Have you ever heard of OSAM?</p> <p>4 A. No.</p> <p>5 Q. So you've never seen any reports</p> <p>6 from OSAM?</p> <p>7 A. Not that I'm recalling.</p> <p>8 Q. And don't recall receiving any</p> <p>9 Osam- -- Osamograms with that information?</p> <p>10 A. No.</p> <p>11 Q. What other data sources have you</p> <p>12 evaluated on behalf of the Cuyahoga County</p> <p>13 Board of Health, other than EpiCenter -- other</p> <p>14 than the EpiCenter data, with respect to the</p> <p>15 opioid issue?</p> <p>16 A. The ME data we talked about</p> <p>17 earlier.</p> <p>18 Q. Anything else besides EpiCenter and</p> <p>19 ME data?</p> <p>20 A. Not that I recall.</p> <p>21 Q. And you mentioned, I think -- and I</p> <p>22 don't mean to misstate your earlier testimony,</p> <p>23 so please correct me if -- if I misunderstood,</p> <p>24 but it's my understanding that you have not</p> <p>25 done any data gathering yourself to conduct an</p>	<p style="text-align: right;">Page 192</p> <p>1 evaluate the impact of pharmaceutical marketing</p> <p>2 on physician prescribing practices?</p> <p>3 A. I don't know.</p> <p>4 Q. Do you know whether anyone in -- in</p> <p>5 Cuyahoga County or on Cuyahoga County's behalf</p> <p>6 has performed a study to evaluate the impact of</p> <p>7 pharmaceutical promotion on physician</p> <p>8 prescribing practices?</p> <p>9 A. I don't know.</p> <p>10 Q. The same question related to</p> <p>11 pharmaceutical-sponsored educational programs</p> <p>12 and their impact on physician prescribing</p> <p>13 practices. Are you aware of any such study in</p> <p>14 Cuyahoga County?</p> <p>15 A. Related to opioids?</p> <p>16 Q. Yes.</p> <p>17 A. No, I'm -- I don't know.</p> <p>18 Q. And how about generally? Do you</p> <p>19 have any understanding of any such study being</p> <p>20 performed in Cuyahoga County of the impact of</p> <p>21 pharmaceutical-sponsored educational programs</p> <p>22 on physician prescribing practices?</p> <p>23 A. The only thing that I can recall is</p> <p>24 the CDC initiative for prescribing practices,</p> <p>25 making sure that you don't over prescribe</p>
<p style="text-align: right;">Page 191</p> <p>1 analysis related to opioid issues; is that</p> <p>2 right?</p> <p>3 A. Other than the validation project</p> <p>4 we finished talking about that is related to</p> <p>5 EpiCenter and the newly developed classifiers.</p> <p>6 Q. Right. Other than that, you</p> <p>7 haven't gathered any data to evaluate the</p> <p>8 opioid issue; is that right?</p> <p>9 A. No, not to my knowledge, that I</p> <p>10 recall.</p> <p>11 Q. Do you know whether anyone in</p> <p>12 Cuyahoga County has engaged in any sort of</p> <p>13 epidemiological assessment of the</p> <p>14 opioid-related issues in Cuyahoga County?</p> <p>15 A. I don't know.</p> <p>16 Q. Do you know whether there are other</p> <p>17 service centers, such as the ESI group at CCBH,</p> <p>18 who have epidemiologists on staff who could</p> <p>19 perform such a -- such an analysis?</p> <p>20 A. I would have to know more of what</p> <p>21 it involved, because I'm the most</p> <p>22 senior-trained epidemiologist at our health</p> <p>23 department.</p> <p>24 Q. Do you know whether anyone on</p> <p>25 behalf of CCBH has conducted any studies to</p>	<p style="text-align: right;">Page 193</p> <p>1 antibiotics to -- to work on the antibiotic</p> <p>2 resistance issues. That's the only thing that</p> <p>3 comes to mind.</p> <p>4 Q. Are you aware of any studies in</p> <p>5 Cuyahoga County to evaluate prescribing</p> <p>6 guidelines and recommendations in prescribing</p> <p>7 guidelines and their impact on physician</p> <p>8 prescribing practices of opioids?</p> <p>9 A. I don't know.</p> <p>10 Q. Are you aware of any research that</p> <p>11 has evaluated the impact of pain management</p> <p>12 guidelines on physician prescribing practices?</p> <p>13 A. I don't know.</p> <p>14 Q. Are you aware of any studies in</p> <p>15 Cuyahoga County to evaluate the impact of</p> <p>16 medical insurance on physician prescribing</p> <p>17 practices of opioids?</p> <p>18 A. I don't know.</p> <p>19 Q. Are you aware of any research in</p> <p>20 Cuyahoga County that evaluated whether illicit</p> <p>21 opioid users initiate their opioid use with</p> <p>22 prescription opioids?</p> <p>23 A. I don't know.</p> <p>24 Q. Are you aware of any studies in</p> <p>25 Cuyahoga County to evaluate how many people who</p>

<p style="text-align: right;">Page 194</p> <p>1 use a prescription opioid as directed develop 2 an addiction to opioids? 3 A. I don't know. 4 Q. Are you aware that prescription 5 opioids are approved by the FDA? 6 A. Yes. 7 Q. Have you ever seen an FDA-approved 8 package insert that accompanies a prescription 9 opioid? 10 A. Yes. 11 Q. Are you aware that the package 12 insert that accompanies a prescription opioid 13 includes a warning about addiction? Have you 14 ever seen that? 15 A. I'm not recalling at this time. 16 Q. You're familiar with package 17 inserts that come with pharmaceutical products? 18 A. Yes. 19 Q. And -- but you just don't know 20 whether the package insert for a prescription 21 opioid includes a warning of addiction? 22 A. Correct. 23 Q. Are you aware that prescription 24 opioids have a risk of addiction associated 25 with them?</p>	<p style="text-align: right;">Page 196</p> <p>1 the work around -- taking the community pickup 2 sites. 3 Q. Did that refresh your recollection 4 at all of when -- when you first became aware? 5 A. It did -- it did not help. 6 Q. Before I introduced myself as 7 counsel for Teva, had you ever heard of Teva 8 before? 9 A. No, I have not. 10 Q. Before I introduced myself as 11 counsel for Cephalon, had you heard of Cephalon 12 before? 13 A. No, I have not. 14 Q. My colleague asked you earlier 15 today if -- if you were familiar with the 16 allegations in the complaint in the lawsuit 17 that we're here for today. 18 Are you familiar with any of the 19 allegations? 20 A. Just in that general sense that I 21 described earlier. 22 Q. Do you have any sense of the 23 identity of any of the Manufacturing Defendants 24 who are named in the -- in the lawsuit? 25 A. I mean, I can only guess based on</p>
<p style="text-align: right;">Page 195</p> <p>1 A. Yes. 2 Q. When did you first become aware 3 that prescription opioids have a risk of 4 addiction? 5 A. I have no idea. 6 Q. Did you -- were you aware of it 7 before you became aware of an increase in 8 opioid-related issues in Cuyahoga County? 9 A. I don't know. 10 Q. And I believe my colleague asked 11 you earlier -- and forgive me if I'm 12 repeating -- but when did you first become 13 aware of an increase in opioid-related 14 overdoses in Cuyahoga County? 15 A. I think it was asked earlier, but I 16 didn't -- I can't remember. I don't think I 17 had a -- a response for that question. 18 Q. Based on -- based on your work in 19 putting together the -- the HIP report, did any 20 of that sort of at least give you a sense of 21 when you became aware of that issue in Cuyahoga 22 County? 23 MR. MASON: Objection. 24 A. Other than what I read today about 25 the -- some of the references dating back to</p>	<p style="text-align: right;">Page 197</p> <p>1 how you guys introduced yourself. 2 Q. I'll -- I'm going to go through a 3 list and see -- and ask you whether you've 4 heard of any of these companies before. 5 Have you heard of Allergan before? 6 A. No. 7 Q. And I just asked you about 8 Cephalon. 9 Have you heard of Endo? 10 A. No. 11 Q. Endo Pharmaceuticals? 12 A. No. 13 Q. No? 14 How about Insys? 15 A. No. 16 Q. Have you heard of Janssen or 17 Johnson & Johnson? 18 A. Yes. 19 Q. Are you aware that Janssen or 20 Johnson & Johnson are manufacturers of 21 prescription opioids? 22 A. No. 23 Q. Have you heard of Mallinckrodt? 24 A. No. 25 Q. Have you ever heard of Purdue?</p>

<p style="text-align: right;">Page 198</p> <p>1 A. The chicken people.</p> <p>2 Q. Okay. Not in the opioid</p> <p>3 manufacturing context?</p> <p>4 A. No.</p> <p>5 Q. All right. So you've never --</p> <p>6 you've never heard of any of those companies</p> <p>7 before, so I take it you're not familiar with</p> <p>8 any -- you don't know which prescription</p> <p>9 opioids, if any, any of those companies</p> <p>10 manufacture?</p> <p>11 A. No idea.</p> <p>12 Q. You personally do not have any</p> <p>13 information about anything that any of those</p> <p>14 entities did wrong in Cuyahoga County; is that</p> <p>15 right?</p> <p>16 MR. MASON: Objection.</p> <p>17 A. I'm having trouble with that</p> <p>18 question. Can you give me that one again?</p> <p>19 Q. Sure, sure. So you're not familiar</p> <p>20 with any of these companies, right?</p> <p>21 A. Correct.</p> <p>22 Q. Am I correct, then, in</p> <p>23 understanding that you personally don't have</p> <p>24 any knowledge of anything that any of those</p> <p>25 companies did wrong in Cuyahoga County?</p>	<p style="text-align: right;">Page 200</p> <p>1 anything that any one of those companies did</p> <p>2 wrong in Cuyahoga County?</p> <p>3 MR. MASON: Objection.</p> <p>4 A. Yeah. I guess the -- I'm just --</p> <p>5 the "did wrong" part, I just -- I don't</p> <p>6 understand -- I don't know how to respond to</p> <p>7 that part of it. It doesn't make --</p> <p>8 Q. Okay.</p> <p>9 A. It doesn't make sense to me. I'm</p> <p>10 sorry.</p> <p>11 Q. No, no. Don't apologize. Let me</p> <p>12 try it this way.</p> <p>13 You personally don't have any</p> <p>14 information about anything that any of those</p> <p>15 companies specifically did in Cuyahoga County;</p> <p>16 is that right?</p> <p>17 MR. MASON: Objection.</p> <p>18 Q. And I'm talking about your personal</p> <p>19 knowledge, so either you do or you don't.</p> <p>20 A. But when you say "did," like,</p> <p>21 you're here. You're here for a reason. So --</p> <p>22 and I just got that knowledge today when you</p> <p>23 all introduced yourselves --</p> <p>24 Q. Right.</p> <p>25 A. -- so that's why it's a very</p>
<p style="text-align: right;">Page 199</p> <p>1 MR. MASON: Objection.</p> <p>2 A. Yeah. I guess the part, the "did</p> <p>3 wrong" part, I'm struggling with. Like,</p> <p>4 what's -- what am I --</p> <p>5 Q. You don't know --</p> <p>6 A. What's the right -- what's the</p> <p>7 wrong part? It's just a confusing question for</p> <p>8 me.</p> <p>9 Q. Sure. So you don't know what those</p> <p>10 companies do, right? You don't know what</p> <p>11 products they make?</p> <p>12 A. No.</p> <p>13 Q. And because you don't have personal</p> <p>14 knowledge of what products they make, is it</p> <p>15 fair for me to assume, then, that I'm not going</p> <p>16 to see you at trial testifying about something</p> <p>17 you think one of them did wrong; is that right?</p> <p>18 A. It would be a bit odd for me to be</p> <p>19 there, in my opinion, but I don't know how this</p> <p>20 process works.</p> <p>21 Q. But -- and that's -- and that's why</p> <p>22 I'm asking today, because it's my opportunity</p> <p>23 to ask you some questions.</p> <p>24 Is -- do you have, personally, any</p> <p>25 information, as you sit here today, about</p>	<p style="text-align: right;">Page 201</p> <p>1 confusing question for me to answer.</p> <p>2 Q. Well, I don't mean to confuse you,</p> <p>3 but I do want to confirm that you don't have</p> <p>4 any information -- before you knew any of our</p> <p>5 names or any of our clients' names, before we</p> <p>6 introduced ourselves as representing these</p> <p>7 entities, did you personally have any</p> <p>8 information about anything that you think any</p> <p>9 of these entities did wrong in Cuyahoga County?</p> <p>10 A. I really have no opinion on -- on</p> <p>11 that question.</p> <p>12 Q. And you don't hold any facts that</p> <p>13 would support a claim that one of these</p> <p>14 companies did something wrong, because you</p> <p>15 don't know those companies, right?</p> <p>16 MR. MASON: Objection.</p> <p>17 A. I do not know those -- those</p> <p>18 companies.</p> <p>19 Q. Have you seen any direct-to-consumer</p> <p>20 marketing for prescription opioids?</p> <p>21 A. I don't know.</p> <p>22 Q. Not that you can --</p> <p>23 A. Pharmaceutical companies flood the</p> <p>24 TV with commercials, and tons of different</p> <p>25 commercials. I can't tell whether or not --</p>


<p style="text-align: right;">Page 202</p> <p>1 what company goes to -- to what and...</p> <p>2 Q. Do you know whether any of the</p> <p>3 products that you've seen direct-to-consumer</p> <p>4 marketing for relate to opioid products?</p> <p>5 A. I don't know.</p> <p>6 Q. Are you aware of any misstatements</p> <p>7 or omissions made by any manufacturer of a</p> <p>8 prescription opioid?</p> <p>9 A. I wouldn't have knowledge of that</p> <p>10 information. I don't know.</p> <p>11 Q. Are you aware of any physician in</p> <p>12 Cuyahoga County who was misled by the</p> <p>13 manufacturers, distributors, or retailers of</p> <p>14 opioids?</p> <p>15 A. I don't know.</p> <p>16 Q. And you've not done any academic</p> <p>17 research on opioids in any context; is that</p> <p>18 right?</p> <p>19 A. No.</p> <p>20 Q. Bear with me for a second. I'm</p> <p>21 just going to flip through.</p> <p>22 Are you aware that it is -- strike</p> <p>23 that.</p> <p>24 It -- it is lawful for doctors in</p> <p>25 Ohio to prescribe opioids; is that right?</p>	<p style="text-align: right;">Page 204</p> <p>1 legitimate or valid prescription for</p> <p>2 prescription opioids?</p> <p>3 A. I don't know.</p> <p>4 Q. Have you ever been asked to study</p> <p>5 that for CCBH or any other entities?</p> <p>6 A. No, not to my knowledge.</p> <p>7 Q. Has Cuyahoga County, as far as in</p> <p>8 the time that you've worked with CCBH or any</p> <p>9 other time that you know of, experienced</p> <p>10 epidemics related to any other substances</p> <p>11 besides opioids?</p> <p>12 A. I can't recall at the moment.</p> <p>13 Q. Have there been other epi- -- other</p> <p>14 events that have been characterized as</p> <p>15 epidemics that -- that you can recall? That --</p> <p>16 regardless of whether they're related to a</p> <p>17 substance.</p> <p>18 A. Yes.</p> <p>19 Q. What other epidemics in Cuyahoga</p> <p>20 County can you think of?</p> <p>21 A. Well, when we had the novel strain</p> <p>22 of influ- -- of influenza 2009-2010.</p> <p>23 Q. Was that something that you did</p> <p>24 analysis of as a part of your work at CCBH?</p> <p>25 A. Oh, I was heavily involved in that</p>
<p style="text-align: right;">Page 203</p> <p>1 A. Yes.</p> <p>2 Q. Do you know whether a</p> <p>3 pharmaceutical manufacturer can legally provide</p> <p>4 opioids directly to a patient?</p> <p>5 A. I don't know.</p> <p>6 Q. Do you know whether a patient can</p> <p>7 legally obtain a prescription opioid without a</p> <p>8 valid prescription?</p> <p>9 A. I don't know.</p> <p>10 Q. Do you know whether pharmaceutical</p> <p>11 distributors can legally provide opioids</p> <p>12 directly to patients?</p> <p>13 A. I don't know.</p> <p>14 Q. Do you know whether pharmacies can</p> <p>15 legally provide opioids directly to patients</p> <p>16 without a valid prescription?</p> <p>17 A. I don't know.</p> <p>18 Q. Have you ever conducted any</p> <p>19 research regarding substance use disorders?</p> <p>20 A. I don't think so.</p> <p>21 Q. Have you ever conducted any</p> <p>22 research regarding opioid use disorder?</p> <p>23 A. Not aware of any.</p> <p>24 Q. Do you know what portion of opioid</p> <p>25 users in Cuyahoga County have never had a -- a</p>	<p style="text-align: right;">Page 205</p> <p>1 response, yes.</p> <p>2 Q. Anything else that you can think</p> <p>3 of? Any other epidemics that come to mind</p> <p>4 right now?</p> <p>5 A. Looked at some data associated with</p> <p>6 like childhood obesity. That's all I can</p> <p>7 recall right now.</p> <p>8 MS. FEINSTEIN: Thank you, sir. I</p> <p>9 have nothing further for you.</p> <p>10 THE WITNESS: Thank you.</p> <p>11 MS. FEINSTEIN: We're going to</p> <p>12 change another shift.</p> <p>13 EXAMINATION OF CHRISTOPHER M. KIPPES</p> <p>14 BY MS. RANJAN:</p> <p>15 Q. Good evening, Mr. Kippes. I</p> <p>16 introduced myself off-record, but I know you've</p> <p>17 met a lot of people so I'll just introduce</p> <p>18 myself again. My name is Brandy Ranjan. I</p> <p>19 represent Walmart in this matter.</p> <p>20 I have just a few questions for</p> <p>21 you. Hopefully we won't have you here too-too</p> <p>22 much longer.</p> <p>23 A. Thank you.</p> <p>24 Q. I know it's been a long day.</p> <p>25 First off, are you aware that the</p>

<p style="text-align: right;">Page 206</p> <p>1 County has sued several retail pharmacy chains 2 in this lawsuit?</p> <p>3 A. No.</p> <p>4 Q. So then I take it that you don't 5 have any information about why the retail 6 pharmacy chains were sued?</p> <p>7 A. No.</p> <p>8 Q. You haven't formed any opinions 9 about anything that any retail pharmacy chain 10 has done wrong?</p> <p>11 A. This --</p> <p>12 MR. MASON: Objection.</p> <p>13 A. This is the first I'm hearing about 14 it, so I don't know. I can't form an opinion. 15 I haven't -- it's the first I'm hearing about 16 it.</p> <p>17 Q. Let me try asking the question this 18 way. Do you have any personal knowledge of 19 anything that Walmart has done that you believe 20 has contributed to the opioid crisis in 21 Cuyahoga County?</p> <p>22 A. No.</p> <p>23 Q. And would the answer be the same 24 for all the other retail pharmacy chains? In 25 other words, you don't have any personal</p>	<p style="text-align: right;">Page 208</p> <p>1 any public statement that Walmart has made 2 about opioids?</p> <p>3 A. No.</p> <p>4 Q. Have you ever relied on any public 5 statements from any other retail pharmacy 6 chain?</p> <p>7 A. Related to the opioid?</p> <p>8 Q. Uh-huh.</p> <p>9 A. No.</p> <p>10 Q. Have you ever done any business on 11 behalf of the County with Walmart?</p> <p>12 A. Yes.</p> <p>13 Q. Can you tell me about that?</p> <p>14 A. Sure. It's emergency 15 preparedness-related, so now and again Walmart 16 would do emergency preparedness days, and they 17 asked us to show up and kind of stay at a table 18 and answer any questions on personal 19 preparedness. That's my recollection of any 20 involvement in -- in Walmart.</p> <p>21 Q. Is that sort of like disaster 22 planning?</p> <p>23 A. Yeah, the disaster planning.</p> <p>24 Q. And so Walmart was helping the 25 County with disaster planning?</p>
<p style="text-align: right;">Page 207</p> <p>1 knowledge of anything any retail pharmacy chain 2 has done that you believe has contributed to 3 the opioid crisis in Cuyahoga County?</p> <p>4 A. No.</p> <p>5 Q. In your work at the Board of 6 Health, have you ever relied on any public 7 statements that Walmart has made about opioids?</p> <p>8 A. I'm -- I'm not aware of statements 9 they've made.</p> <p>10 Q. So the answer to my question would 11 be no?</p> <p>12 A. Could you repeat your question for 13 me? Sorry. It's getting late.</p> <p>14 Q. Sure.</p> <p>15 A. I'm -- I'm trying to stay with us 16 here.</p> <p>17 Q. Yeah. That's okay. Fine. It's 18 absolutely. If -- if there's anything at all 19 that you need me to rephrase or that you don't 20 understand, I appreciate you telling me. I'm 21 trying -- you know, trying to be as fair and 22 straightforward as I can, so I want you to tell 23 me that.</p> <p>24 What I was asking was, in your work 25 at the Board of Health, have you ever relied on</p>	<p style="text-align: right;">Page 209</p> <p>1 A. I don't know if it was, like, your 2 initiative or the County's initiative. I just 3 remember Walmart being involved. It kind of, 4 like, create a home preparedness kit for 5 disaster preparedness-related matters.</p> <p>6 Q. Okay. And so regardless of whose 7 initiative it was, the County and Walmart were 8 working together on that emergency preparedness 9 initiative?</p> <p>10 A. Yes.</p> <p>11 Q. Is that the extent of the business 12 you've -- you've done with Walmart on behalf of 13 the County?</p> <p>14 A. Yes.</p> <p>15 Q. You can't recall anything else?</p> <p>16 A. I cannot recall anything else at 17 this time.</p> <p>18 Q. What about any of the other retail 19 pharmacy chains? Like CVS, Rite Aid, 20 Walgreens.</p> <p>21 A. Again, it would be emergency 22 preparedness-related. When we were 23 exploring if we were dealt with a situation 24 where we had to provide a lot of mass 25 prophylaxis in response to an anthrax attack,</p>

<p style="text-align: right;">Page 210</p> <p>1 could we consider the -- the retail pharmacy</p> <p>2 chains as a way to get pills in people in a</p> <p>3 quick amount of time.</p> <p>4 Q. Okay. And -- but that's all you</p> <p>5 recall?</p> <p>6 A. Yes.</p> <p>7 Q. Okay. Have you ever done any</p> <p>8 analysis of the costs that either you or the</p> <p>9 County would attribute to the opioid crisis?</p> <p>10 A. No.</p> <p>11 Q. Could you take a look at the</p> <p>12 community health assessment? I believe it was</p> <p>13 Exhibit --</p> <p>14 MR. MASON: 19.</p> <p>15 MS. RANJAN: 19? Thank you.</p> <p>16 Q. Do you still have that in front of</p> <p>17 you?</p> <p>18 A. Yes, I do.</p> <p>19 Q. Could you flip to page 18? There's</p> <p>20 a heading labeled -- labeled "Overview of</p> <p>21 Community Stakeholder Input."</p> <p>22 Do you know if you had a role in</p> <p>23 drafting or reviewing this section of the</p> <p>24 report?</p> <p>25 A. No, I did not.</p>	<p style="text-align: right;">Page 212</p> <p>1 status."</p> <p>2 Did I read that correctly?</p> <p>3 A. Yes.</p> <p>4 Q. Would you agree with that statement</p> <p>5 as well?</p> <p>6 A. Yes.</p> <p>7 Q. And then continuing, "In fact,</p> <p>8 these issues often present as barriers to</p> <p>9 accessing health services for many. Regarding</p> <p>10 mental health and substance abuse, stigma</p> <p>11 associated with these disorders often is a</p> <p>12 barrier for effective care."</p> <p>13 Would you also agree with that?</p> <p>14 A. Yes.</p> <p>15 Q. Okay. If you could turn to page</p> <p>16 42. It looks to me like this section of the</p> <p>17 report deals with mental and behavioral</p> <p>18 disorders.</p> <p>19 Do you see that?</p> <p>20 A. Yes.</p> <p>21 Q. Did you have any role in pulling</p> <p>22 together the statistics in this chart?</p> <p>23 A. No.</p> <p>24 Q. So you couldn't tell me, then, for</p> <p>25 instance, under "opioid dependence" and "opioid</p>
<p style="text-align: right;">Page 211</p> <p>1 Q. If you could look towards the</p> <p>2 middle of the page, there's a paragraph that</p> <p>3 begins "From the perspective."</p> <p>4 A. Yep. I'm reading it.</p> <p>5 Q. Okay. I'm just going to read it</p> <p>6 aloud. "From the perspective of substance</p> <p>7 abuse and mental health, while the opioid</p> <p>8 crisis is acute, it is among several</p> <p>9 interrelated problems that the community faces.</p> <p>10 Suicide risk, violence prevention, and</p> <p>11 increased emphasis on trauma-informed care are</p> <p>12 also areas of need in this realm."</p> <p>13 Did I read that correctly?</p> <p>14 A. Yes.</p> <p>15 Q. Is that a statement that you would</p> <p>16 agree with?</p> <p>17 A. Yes.</p> <p>18 Q. Okay. I'm going to read from the</p> <p>19 next paragraph now. "There's a growing</p> <p>20 realization that social determinants of health,</p> <p>21 such as access to quality education,</p> <p>22 transportation, and jobs, play a large role in</p> <p>23 impacting the health, and the importance of</p> <p>24 addressing a broad set of needs if the</p> <p>25 community is to move the needle on health</p>	<p style="text-align: right;">Page 213</p> <p>1 abuse" what is included in those categories?</p> <p>2 A. I could not.</p> <p>3 Q. Do you see, above that, "alcohol</p> <p>4 abuse, uncomplicated," and "alcohol</p> <p>5 dependence"?</p> <p>6 A. Yes.</p> <p>7 Q. Do you agree that alcohol is also a</p> <p>8 substance that is routinely abused in Cuyahoga</p> <p>9 County?</p> <p>10 A. I would need to understand your</p> <p>11 definition of "routine."</p> <p>12 Q. Okay. Sure. According to this</p> <p>13 chart, hospitalizations due to alcohol abuse</p> <p>14 are one of the higher figures that's on the</p> <p>15 chart; is that right?</p> <p>16 Maybe I can rephrase my question.</p> <p>17 Let's -- let's try it this way. Do</p> <p>18 you agree that alcohol abuse is a significant</p> <p>19 public health problem in Cuyahoga County?</p> <p>20 A. Again, it would come down to what</p> <p>21 you mean by "significant."</p> <p>22 Q. Do you consider it a significant</p> <p>23 public health problem in Cuyahoga County?</p> <p>24 A. It's difficult for me to answer</p> <p>25 that with- -- without context. I think I need</p>

<p style="text-align: right;">Page 214</p> <p>1 a -- you know, are you comparing it to other 2 things? It's diff- -- it's just difficult for 3 me to understand, as currently stated. 4 Q. So you don't have one -- an opinion 5 one way or another? 6 A. At this time. 7 Q. Going back to -- you can set that 8 aside. I think I'm done with it. Thank you. 9 Going back to the -- the EpiCenter 10 data -- and I'm just going to hit this really 11 quickly, because I think we've pretty much 12 exhausted it. 13 A. Thank you. 14 Q. So hopefully these will all be 15 fairly non-controversial, but I think you told 16 us a number of times now that the EpiCenter 17 data is based on self-reported information, 18 correct? 19 A. Sometimes it's -- I didn't say it 20 quite like that, because sometimes the people 21 who are coming for treatment can't report it 22 themselves, so there may be others that are 23 reporting it to that registrar. 24 Q. Sure. Okay. It's based on 25 information that either the individual patient</p>	<p style="text-align: right;">Page 216</p> <p>1 A. Correct, it's not based on it. 2 Q. Okay. Thanks. 3 A. Sorry. It's getting late. 4 Q. I just want to make sure it's clear 5 for the record. 6 And EpiCenter data is also not 7 based on any kind of a doctor's diagnosis, 8 right? 9 A. It's pre that. That's correct. 10 It's not based on any doctor's diagnosis. 11 Q. Is it true that there may be 12 instances where a patient misrepresents what 13 caused his or her injury? 14 MR. MASON: Objection. 15 A. Yeah, that's really difficult for 16 me to answer. I can't speak on behalf of what 17 a patient thinks or represents. 18 Q. But in terms of your analysis of 19 the EpiCenter data, you have no way of knowing 20 whether that's the case, correct? 21 A. Correct. 22 Q. And the EpiCenter data also does 23 not always identify the source of a particular 24 drug, right? 25 MR. MASON: Objection. Asked and</p>
<p style="text-align: right;">Page 215</p> <p>1 or someone else provides at the time the 2 patient presents at the ER, right? 3 A. Correct. 4 Q. So to -- to put a finer point on 5 it, the data is not based on any testing, 6 correct? 7 A. When you mean "testing," do you 8 mean, like, laboratory tests and -- and things 9 of that nature? 10 Q. Exactly. 11 A. Yeah. I described earlier it's pre 12 that. So the data is before that happens. 13 Q. Right. So the answer to my 14 question, then, would be yes, right? The 15 EpiCenter data is not based on any testing? 16 A. Testing as you define it. That's 17 why -- you know, testing could mean many 18 things. If you're talking about biological 19 confirmatory testing, then the answer to your 20 question, I believe, is yes. 21 Q. That the -- that the EpiCenter data 22 is not based on any biological laboratory 23 testing, correct? 24 A. Yes. 25 Q. Yes, it's not based on it.</p>	<p style="text-align: right;">Page 217</p> <p>1 answered. We've gone over this. 2 A. What do you mean by "source"? This 3 is getting confusing for me. 4 Q. Well, you testified earlier that 5 there are some instances where the EpiCenter 6 data identifies a particular drug, correct? 7 A. Sometimes it does. 8 Q. And sometimes it doesn't, right? 9 A. Correct. 10 Q. But in the instances where it does 11 identify a drug, it does not always identify 12 the source of the drug, right? 13 A. Like where they got it from? Who 14 prescribed it to them? That's what I'm trying 15 to understand when you say "source." That's 16 what's confusing me and not allowing me to 17 answer your question. 18 Q. Okay. Well, let's try it this way. 19 How about when the EpiCenter data does list a 20 prescription medication, is it fair to say that 21 that doesn't necessarily mean that the 22 medication was prescribed to the person who 23 took it? 24 A. There's no way to tell that. 25 Q. And even if it was prescribed to</p>

<p style="text-align: right;">Page 218</p> <p>1 the person who took it, the EpiCenter data does 2 not indicate whether the patient took the 3 medication as prescribed, right? 4 A. The -- this question is becoming 5 more and more confusing because it depends on 6 what is indicated in that free text. So if the 7 patient says, "I took too many pills that my 8 doctor gave me," that indicates a source. 9 If the patient states, "I took 12 10 pills when I should have been taking one" -- it 11 depends on what the free text is. So that's 12 why it's difficult for me to answer this 13 question the way that you're asking it. 14 Q. Uh-huh. In other words, the 15 EpiCenter data may or may not indicate whether 16 a person took a medication as prescribed? 17 A. Correct. 18 Q. We just don't know which -- which 19 ones would have that and which ones wouldn't? 20 A. Correct. 21 MS. RANJAN: Okay. I think that's 22 all I have. 23 We can go off the record. 24 THE VIDEOGRAPHER: Going off the 25 record. The time is 6:43.</p>	<p style="text-align: right;">Page 220</p> <p>1 Whereupon, counsel was requested to give 2 instructions regarding the witness's review of 3 the transcript pursuant to the Civil Rules. 4 5 SIGNATURE: 6 Transcript review was requested pursuant to the 7 applicable Rules of Civil Procedure. 8 9 TRANSCRIPT DELIVERY: 10 Counsel was requested to give instructions 11 regarding delivery date of transcript. 12 13 14 15 16 17 18 19 20 21 22 23 24 25</p>
<p style="text-align: right;">Page 219</p> <p>1 (Off-the-record discussion.) 2 THE VIDEOGRAPHER: We're back on 3 the record. The time is 6:43. 4 MS. RANJAN: That's all the 5 questions I have. I believe that's all the 6 questions that the Defendants have. 7 MR. MASON: I have no questions. 8 THE VIDEOGRAPHER: We're going off 9 the record. The time is 6:44. 10 This concludes today's testimony 11 given by Christopher Kippes. The total number 12 of media units used was three, and will be 13 retained by Veritext Legal Solutions. 14 (Deposition concluded at 6:44 p.m.) 15 ~ ~ ~ ~ ~ 16 17 18 19 20 21 22 23 24 25</p>	<p style="text-align: right;">Page 221</p> <p>1 REPORTER'S CERTIFICATE 2 The State of Ohio,) 3 SS: 4 County of Cuyahoga.) 5 6 I, Stephen J. DeBacco, a Notary 7 Public within and for the State of Ohio, duly 8 commissioned and qualified, do hereby certify 9 that the within named witness, CHRISTOPHER M. 10 KIPPES, was by me first duly sworn to testify 11 the truth, the whole truth and nothing but the 12 truth in the cause aforesaid; that the 13 testimony then given by the above-referenced 14 witness was by me reduced to stenotypy in the 15 presence of said witness; afterwards 16 transcribed, and that the foregoing is a true 17 and correct transcription of the testimony so 18 given by the above-referenced witness. 19 I do further certify that this 20 deposition was taken at the time and place in 21 the foregoing caption specified and was 22 completed without adjournment. 23 24 25</p>

<p style="text-align: right;">Page 222</p> <p>1 I do further certify that I am not 2 a relative, counsel or attorney for either 3 party, or otherwise interested in the event of 4 this action. 5 IN WITNESS WHEREOF, I have hereunto 6 set my hand and affixed my seal of office at 7 Cleveland, Ohio, on this 23rd day of 8 January, 2019. 9 10 11 12  13 14 Stephen J. DeBacco, Notary Public 15 within and for the State of Ohio 16 17 My commission expires September 30, 2022. 18 19 20 21 22 23 24 25</p>	<p style="text-align: right;">Page 224</p> <p>1 DEPOSITION REVIEW CERTIFICATION OF WITNESS 2 3 ASSIGNMENT REFERENCE NO: 3191896 CASE NAME: In Re: National Prescription Opiate Litigation v. DATE OF DEPOSITION: 1/18/2019 4 WITNESS' NAME: Christopher M. Kippes 5 In accordance with the Rules of Civil Procedure, I have read the entire transcript of 6 my testimony or it has been read to me. 7 I have made no changes to the testimony as transcribed by the court reporter. 8 9 Date _____ Christopher M. Kippes 10 Sworn to and subscribed before me, a Notary Public in and for the State and County, 11 the referenced witness did personally appear and acknowledge that: 12 13 They have read the transcript; 14 They signed the foregoing Sworn Statement; and 15 Their execution of this Statement is of their free act and deed. 16 17 I have affixed my name and official seal this _____ day of _____, 20____. 18 19 Notary Public Commission Expiration Date _____ 20 21 22 23 24 25</p>
<p style="text-align: right;">Page 223</p> <p>1 Veritext Legal Solutions 2 1100 Superior Ave Suite 1820 3 Cleveland, Ohio 44114 Phone: 216-523-1313 4 5 January 23, 2019 6 7 To: Matt McMonagle 8 9 Case Name: In Re: National Prescription Opiate Litigation v. 10 Veritext Reference Number: 3191896 11 12 Witness: Christopher M. Kippes Deposition Date: 1/18/2019 13 14 Dear Sir/Madam: 15 16 Enclosed please find a deposition transcript. Please have the witness 17 review the transcript and note any changes or corrections on the 18 included errata sheet, indicating the page, line number, change, and 19 the reason for the change. Have the witness' signature notarized and 20 forward the completed page(s) back to us at the Production address 21 shown 22 above, or email to production-midwest@veritext.com. 23 24 If the errata is not returned within thirty days of your receipt of 25 this letter, the reading and signing will be deemed waived. Sincerely, Production Department NO NOTARY REQUIRED IN CA</p>	<p style="text-align: right;">Page 225</p> <p>1 DEPOSITION REVIEW CERTIFICATION OF WITNESS 2 3 ASSIGNMENT REFERENCE NO: 3191896 CASE NAME: In Re: National Prescription Opiate Litigation v. DATE OF DEPOSITION: 1/18/2019 4 WITNESS' NAME: Christopher M. Kippes 5 In accordance with the Rules of Civil Procedure, I have read the entire transcript of 6 my testimony or it has been read to me. 7 I have listed my changes on the attached Errata Sheet, listing page and line numbers as 8 well as the reason(s) for the change(s). 9 I request that these changes be entered as part of the record of my testimony. 10 11 I have executed the Errata Sheet, as well 12 as this Certificate, and request and authorize that both be appended to the transcript of my 13 testimony and be incorporated therein. 14 15 Date _____ Christopher M. Kippes 16 Sworn to and subscribed before me, a Notary Public in and for the State and County, the referenced witness did personally appear 17 and acknowledge that: 18 They have read the transcript; 19 They have listed all of their corrections in the appended Errata Sheet; 20 They signed the foregoing Sworn Statement; and 21 Their execution of this Statement is of their free act and deed. 22 I have affixed my name and official seal 23 this _____ day of _____, 20____. 24 25 Notary Public Commission Expiration Date _____</p>

<p style="text-align: right;">Page 226</p> <p>1 ERRATA SHEET 2 VERITEXT LEGAL SOLUTIONS MIDWEST 3 ASSIGNMENT NO: 1/18/2019 4 PAGE/LINE(S) / CHANGE /REASON 5 _____ 6 _____ 7 _____ 8 _____ 9 _____ 10 _____ 11 _____ 12 _____ 13 _____ 14 _____ 15 _____ 16 _____ 17 _____ 18 _____ 19 _____ 20 Date Christopher M. Kippes 21 SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ 22 DAY OF _____, 20_____. 23 _____ 24 Notary Public 25 _____ Commission Expiration Date</p>	

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Federal Rules of Civil Procedure

Rule 30

(e) Review By the Witness; Changes.

(1) Review; Statement of Changes. On request by the deponent or a party before the deposition is completed, the deponent must be allowed 30 days after being notified by the officer that the transcript or recording is available in which:

(A) to review the transcript or recording; and

(B) if there are changes in form or substance, to sign a statement listing the changes and the reasons for making them.

(2) Changes Indicated in the Officer's Certificate. The officer must note in the certificate prescribed by Rule 30(f)(1) whether a review was requested and, if so, must attach any changes the deponent makes during the 30-day period.

DISCLAIMER: THE FOREGOING FEDERAL PROCEDURE RULES ARE PROVIDED FOR INFORMATIONAL PURPOSES ONLY.

THE ABOVE RULES ARE CURRENT AS OF SEPTEMBER 1, 2016. PLEASE REFER TO THE APPLICABLE FEDERAL RULES OF CIVIL PROCEDURE FOR UP-TO-DATE INFORMATION.

VERITEXT LEGAL SOLUTIONS
COMPANY CERTIFICATE AND DISCLOSURE STATEMENT

Veritext Legal Solutions represents that the foregoing transcript is a true, correct and complete transcript of the colloquies, questions and answers as submitted by the court reporter. Veritext Legal Solutions further represents that the attached exhibits, if any, are true, correct and complete documents as submitted by the court reporter and/or attorneys in relation to this deposition and that the documents were processed in accordance with our litigation support and production standards.

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